

**“OPENING UP”: HOW IS POSITIVE CHANGE MADE
POSSIBLE FOR GANG-INVOLVED ADOLESCENTS
IN CONTACT WITH A MENTAL HEALTH CHARITY?**

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A thesis submitted in partial fulfilment of the requirements of the
University of East London
for the degree of Professional Doctorate in Clinical Psychology

May 2014

ABSTRACT

This research sought to explore if, and how, being involved with a mental health charity project is helpful to gang-associated young people. There are problematic gaps in access to adolescent mental health services in the UK, and the evidence base that supports them, particularly for young people labelled 'hard to reach'. In addition, engaging adolescents is acknowledged as challenging for mental health professionals, and drop-out rates are high. Furthermore, recommended interventions do not address poverty and social disadvantage, the most salient risk factors for both adolescent mental health problems and for offending, and a blight on the lived experience of the most marginalised and vulnerable young people in UK society. Taking a critical realist stance, the current research aims to address these problems by using the qualitative methodology of grounded theory to develop a model of the positive change occurring at an innovative mental health project working with gang-involved young people. The project has developed an integrated approach that draws on different therapeutic orientations, particularly community psychology, mentalisation and attachment theory. Six young people and six professionals working at the project were interviewed. A grounded theory analysis, comprising the core category of "Opening Up" was constructed from the researcher's understanding of participants' accounts. Positive change was conceptualised as an opening up of: future possibilities; contexts for action and interaction; access to material and social resources and opportunities; the self in relationship; and ideas about the self and others. Central to the findings was the use of trust as a resource for change, and a service structure enabling professionals and young people to take "the time that it takes" to establish a therapeutic relationship facilitating positive change. In keeping with the community psychology influences at the project, a Youth Research Consultant advised throughout the research. Limitations of the findings and their implications for future research and practice at the individual, service and commissioning levels are considered.

ACKNOWLEDGMENTS

I am very grateful to all my participants for their generosity and openness in allowing me an insight into the project they have created together. I was so lucky to have interviewees who were passionate, reflective, lyrical and brilliantly frank. Thank you especially to my youth research consultant who steered me through my blind spots.

I also want to thank my three supervisors, Dr Rachel Smith at UEL, Dr Sally Zlotowitz at Music and Change, and my placement supervisor Dr Jane Alderton for the amazing support they gave me.

Many lovely people got me through this challenging endeavour. I am very grateful to all of them.

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CHAPTER ONE: INTRODUCTION

This chapter begins by outlining the background and context of this research. It discusses the mental health needs of young people in the UK, and particularly those who are socially disadvantaged and at greater risk of both mental health difficulties and offending. The current state of UK services and the challenges of supporting these young people are then considered, before a statement of the problem this research seeks to address. To further situate the research, a descriptive review of relevant literature is provided (see Appendix A for search strategy). The need to consider adopting different service structures and therapeutic approaches is discussed. Music and Change (M&C), a project situated within the mental health charity MAC-UK, which combines several therapeutic approaches is introduced as the site and subject of the current research. The underlying approaches brought together at the project are introduced and critically discussed, including findings from the literature regarding the use of these approaches with adolescents. This is followed by an explication of the issues that arise when approaches founded on different epistemological positions are combined in one service. Finally, the study's rationale, aims and research questions are stated.

1.1 Background and Context of the Research Problem

1.1.1 Young people's mental health in the UK

Patel, Fisher, Hetlick and McGorry (2007, p.1302) note that, although often first detected later in life, "most mental disorders begin during youth (12 to 24 years of age)". There is a shortage of accurate prevalence data on mental health problems in the UK's youth population (Hagell, Coleman & Brooks, 2013), and data for over 16-year-olds is often included in adult samples. Unfortunately, this makes summarising data for the age group of interest to this research (16 to 25 year olds) difficult.

The most recent large scale study (Green, McGinnity, Metlzer, Ford & Goodman, 2005) suggested that 1 in 10 young people between the ages of 5 and 16 in England, Scotland and Wales has a “clinically-recognisable mental health disorder”. 13 percent of boys and 10 percent of girls were rated as having a “disorder”. “Conduct disorders” are the most common mental health problems diagnosed in young males¹ and emotional problems the most common diagnosed in young females, although both are common diagnoses in both groups. In 2007, the UK ranked bottom of 25 rich countries on a series of indicators of child wellbeing, including risk behaviours, peer and family relationships and life satisfaction (UNICEF). Since these studies, the UK has experienced an economic crisis, including increased unemployment and cuts to public services, potentially impacting the mental health of young people going through adolescence in this period (Hagell, Colman & Brooks, 2013).

Experiences conceptualised as “mental health problems” are distressing for young people and those in their systems, and research suggests they are often the precursors of experiences labelled as adult mental health problems (Kessler et al., 2005). A New Zealand study found that effectively detecting and treating young people experiencing “psychiatric disorders” could result in as many as half of adult “cases” being prevented (Kim-Cohen, Caspi & Moffitt, 2003).

1.1.2 Factors associated with young people’s mental health

There is good evidence of a multifactorial cause for “mental disorders” in young people, with a strong, complex and bidirectional association with poverty and social disadvantage (Patel et al., 2007). The World Health Organisation (WHO) (2005) identified poverty, social exclusion, violence, peer rejection, isolation and lack of family support as the key risk factors for adolescent mental health problems. In the UK, the

¹ Conduct disorder refers to “a persistent pattern of antisocial behaviour in which the individual repeatedly breaks social rules and carries out aggressive acts which upset other people” (Scott, 2012, p.39).

application of conduct disorder diagnoses ² has “a steep social class gradient, with a three- to fourfold increase in prevalence in social classes D and E compared with social class A” (NICE, 2013, p.4).³ This suggests that, despite diagnostic labels suggesting a problem *within* the young person, these difficulties have a multifactorial basis, spanning socio-economic and systemic factors. Once present, mental health problems are exacerbated by low income, literacy, education, and employment; poor quality housing; violent and run-down neighbourhoods; and social and political disenfranchisement (Walker, Verins, Moodie & Webster, 2005).

A framework such as Bronfenbrenner’s (1979) description of human development as the interaction between the growing child and the environment across micro, meso, eco and macro levels is helpful to conceptualise how these factors might impact on the child. The ‘microsystem’ is the young person’s immediate social environment, including home, school and peer network. The ‘mesosystem’ is a collection of smaller microsystems, potentially including services, which can function congruently or divergently. For those experiencing high levels of conflict at home and school and not involved with community networks or activities, the mesosystem is likely to be impoverished, containing few and potentially antagonistic microsystems. The ‘ecosystem’ includes systems not specifically including yet impacting the young person, such as local government, or the parent’s employer. The ‘macrosystem’, the highest contextual level, is the blueprint underlying society, including judicial, economic and governmental systems, cultural practices and religious organisations.

1.1.3 Overlap between mental health problems and offending behaviour

The poorest areas in the UK are also the areas of highest crime (All Party Parliamentary Group for Children (APPGC), 2010). It is unsurprising then that poverty, crime and poor mental health converge for many young people, with many of the factors that predict a

² Conduct disorder and Oppositional Defiant Disorder, as defined in the International Classification of Diseases, 10th Revision (ICD-10).

³ See Ipsos Mori (2009) for definitions of social grades.

young person will offend overlapping with predictors of mental health problems (Maughan, Brock & Ladva, 2004). Research shows that “overwhelmingly it is the most vulnerable and most victimised young people who become involved in persistent offending” (APPGC, 2010, p.8).

The majority of children who commit offences “have awful histories of abuse, abandonment and bereavement, often compounded by learning difficulties and disabilities which have too often been inadequately addressed” (Office of the Children’s Commissioner (OCC), 2011, p.6). At least 40 percent of young offenders have been found to have a diagnosable mental health disorder (DOH, 2004). Their mental health needs are often complex, including low mood, learning difficulties, behavioural problems, hyperactivity and substance abuse (Chitsabesan et al., 2006; Lader, Singleton & Meltzer, 2000).

1.1.4 Young people associated with gangs

The Centre for Social Justice (CSJ, 2009, p.21) defines a gang as a relatively durable, predominantly street-based group of young people who:

- 1) see themselves and are seen by others as a discernible group;
- 2) engage in criminal activity and violence;
- 3) identify with or lay claim over territory;
- 4) have an identifying structural feature; and
- 5) are in conflict with other, similar gangs.

The CSJ (2009) estimates that 50,000 young people in England and Wales are affiliated to youth gangs. These gangs concentrate in inner urban areas, characterised by socio-economic deprivation, crime and multiple social problems (HM Government, 2011). In London, 259 violent gangs and 4,800 ‘gang nominals’ are considered to be responsible for 22 percent of serious violence; 17 percent of robberies; 50 percent of shootings and

14 percent of rapes (Imafidon, 2012).

Involvement with a gang increases a young person's risk of exposure to violence, as a victim, witness or perpetrator. An American review (Kelly, Anderson, Hall, Peden & Cerel, 2010) found exposure to gang violence is associated with an increase in adolescents' "externalising behaviours" (violence, intent to use violence and aggression), and drug and alcohol use. In addition, the study found drug and alcohol use and living in public housing were also associated with increases in externalising behaviours. Exposure to violence also significantly predicted "internalising symptoms" – which the study defined using the labels of "anxiety", "depression", "anger", "hopelessness", "dissociation" and "post-traumatic stress". The use of labels to categorise experience is problematic, because, for example, diagnostic labels are often introduced through expert assertion rather than conclusive evidence and lack validity. Therefore, they often poorly capture people's lived experiences (Boyle, 2007). While the problematic use of such labels here is acknowledged, this study suggests that exposure to gang violence is predictive of experiences which have a negative quality for the individual.

Another US study showed adolescent gang membership significantly impacts long-term functioning, in terms of increased illegal behaviour, lower educational and occupational attainment and poor physical and mental health in adulthood, even after controlling for individual, family, peer, school, and neighbourhood characteristics (Gilman, Hill & Hawkins, 2014). A UK study by Coid and colleagues (2013) also suggests that continued contact with gang-life is associated with very poor mental health outcomes. Surveying UK men 18 to 34 years of age, they found "inordinately high levels of psychiatric morbidity" among gang members. Compared to non-violent men, and violent men not associated with gangs, gang members were significantly more likely to fear violent victimisation, experience violent ruminations and be prepared to use violence. According to the psychiatric measures utilised, gang members reported higher levels of alcohol and drug dependence, antisocial personality disorder, suicide attempts, anxiety disorders and psychosis. The latter two factors were accounted for by the differences in attitudes to and experience of violence, outlined above.

Therefore, there is a compelling need for services to provide effective support to marginalised young people, to disrupt the impact of these risk-increasing factors on their mental health and protect both young people and their communities from the serious negative impacts of offending.

1.2. Current status of the situation surrounding the research problem

The UK's National Services Framework Standard 9 declares that, "all children and young people... have access to timely, integrated, high quality, multi-disciplinary mental health service" (DOH, 2004). Furthermore, Government policy (DOH, 2011a, p.26) has set the objective of "ensuring equity in access for all groups, including the most disadvantaged and excluded, to high quality appropriate services", noting that "services should be designed around the needs of individuals, ensuring appropriate, effective transition between services when necessary, without age-based, professional or organisational barriers and attitudes getting in the way." However, it has been repeatedly acknowledged that Child and Adolescent Mental Health Services (CAMHS) are not accessible enough to vulnerable young people, including young offenders; that young people must input into the development of their services and treatments; and that commissioners do not sufficiently understand the specialist services they commission (Youth Justice Board (YJB), 2005; CAMHS Review, 2008; DOH, 2009; DOH, 2010a; DOH, 2010b; DOH, 2011a; DOH, 2011b; DOH, 2012).

Moreover, young people most at risk of offending frequently miss out on universal promotion and preventive services altogether, and only come into contact with the mental health system "at a point that does not offer the most appropriate treatment and placement solutions for mental health problems" (CAMHS Review, 2008, p.21). Mental health services for young offenders are patchy, of variable quality and inconsistent, with gaps in provision for 16 to 18 year-olds (YJB, 2005; OCC, 2011). The CSJ highlighted that 75 percent of children referred by Youth Offending Teams to CAMHS receive no intervention, possibly due to insufficient links between services and poor service design.

For example, they note the expectation that young people attend clinic appointments, “which invariably they do not” and “cases” being closed after three missed appointments. Furthermore, they reported expert statements suggesting commissioners not prioritising young offenders because “they regard them as an undeserving client group” (CSJ, 2012, p.43).

Therefore, contrary to government policy, young people at risk of offending – some of the most disadvantaged and excluded members of society – cannot access high quality, appropriate services designed around their needs. All the cited reviews and policies agree services need to change, but state these changes must be founded on academic and practice-based evidence.

Fonagy and Higgitt (2007, p.7) highlight that “what makes a child or young person ‘hard to reach’ is not any one type of social problem but the sheer number of such problems.” Identifying how to helpfully engage and support young people who are gang-involved or at risk of offending is enormously challenging. This challenge can be considered on several levels: developing an evidence base of effective interventions to guide practice; delivering those interventions in accessible services; and engaging young people in the process. These issues are discussed below.

1.3 The challenges of supporting marginalised young people

1.3.1 Engaging young people with mental health services

NICE guidelines (2013, p.13) for Anti-social Behaviour and Conduct Disorders (ASB & CD) direct clinicians to “be aware that many children and young people may be... mistrustful or dismissive of offers of help” and, therefore, to “develop a positive, caring and trusting relationship with the young person and their parents/carers to encourage their engagement with services.”

1.3.1.1 Relationship to help

Research suggests many adolescents are reluctant to seek professional help for mental health problems (Rothi & Leavey, 2006), and compared to peers, the most deprived and socially excluded young people are even less likely to seek help or to access conventional mental health services (Barrett, Byford, Chitsabesan & Kenning, 2006; Kurtz, Thornes & Bailey, 1998; YJB, 2005). 'Relationship to help' (Reder & Fredman, 1996) is an important concept in systemic therapy, and suggests that many factors contribute to a person's stance towards professional help, influencing the outcome of both referral and treatment processes. Lived contexts are said to contribute to stories that individuals and families hold about the meaning of help. For some young people, this may be influenced by the putative (although socially constructed) developmental tasks of adolescence. For example, Lemma (2010) suggests for a young person who has experienced a trauma, the "characteristic need in adolescence to feel powerful and in control" (p.409) may lead them to avoid situations in which they are asked to talk about their difficulties, evoking feelings of vulnerability. For others, it may be the stories told about them that influence their relationship to help. For example, the OCC (2011) suggests that because the youth justice system defines children by their criminality, rather than needs or vulnerability, children come to define themselves in this way, reducing their "ability and willingness to acknowledge that they need help" (p.12). Cultural stories about mental health problems are also potentially influential; many young people report that mental health services can be stigmatising, and they would prefer the label 'offender' (APPGC, 2010). Finally, researchers have suggested the ideals of 'hyper-masculinity' often held by young male offenders are a powerful deterrent to professional help-seeking (Evans & Wallace, 2008; King, Brown, Petch & Wright, 2012). 'Hyper-masculinity' is often used to negatively reference a man's desire to dominate other men, women and the environment, and thus seeking to dominate is inconsistent with seeking help. However, Pitt and Sanders (2010) have highlighted that 'hyper-masculinity' is often used by academics without clear definition, and to position 'minority masculinity' within a frame of individual-level pathology. The problem is placed within the marginalised man, rather than positioned as a response to the problematic contexts within which marginalised men exist and seek to survive. Therefore, when

thinking of relationship to help, if we consider ideals of hyper-masculinity to be a property of the young person, we may understand a lack of help-seeking to be caused by a reluctance to appear vulnerable. However, if we consider ideals of hyper-masculinity to describe a response to a dangerous and oppressive environment, we may understand low levels of help-seeking as evidence of the ineffectiveness of mainstream sources of “help”. This may be for many reasons, such as services being inaccessible, oppressive, dangerous or unacceptable. If this is the case, one would expect an unwillingness to develop a relationship to such help.

1.3.1.2 Engagement and establishing a therapeutic alliance

Castro-Blanco and Karver (2010) argue that in the move to manualise treatment approaches, the inclusion of a statement instructing therapists to “form a therapeutic alliance” with no instruction on how to do so, results in the failure of effectiveness studies to replicate controlled trials and in high dropout rates in clinical practice. They note that, “the best psychotherapeutic treatments in the world will not matter if no one is there to receive them” (p.ix). Engagement with the young person is therefore crucial.

Evidence shows that a caring and connected relationship with an adult either within or outside of the family is an important protective factor for young people, particularly where families are not supportive (Resnick, Harris & Blum, 1993; Resnick, Ireland & Barowski, 2004; Weist, Freedman, Paskewitz et al., 1995). Yet engagement challenges for working with marginalised young people begin from the first point of contact, which may involve an element of coercion. Castro-Blanco, Kovacs-North and Karver (2010) describe therapeutic beginnings with at-risk adolescents as typically occurring during a period of crisis, often preceded by violence, and resulting from a school, court or parental referral at a point when the young person “is not ready to be referred” (p.7). By not engaging, a young person may be indicating that a service is not acceptable to them. It is important that services acknowledge that this might be the reason for young people not engaging, and that if this is the case, the young person will never be “ready to be referred”. In such a case, the service needs to be reflexive regarding its assumptions and orientation and whether this is leading to the construction of an

offering that is inappropriate and potentially even damaging to young people. This is discussed further in Section 1.3.3.

Where the orientation and approach of a service has the potential to be acceptable to young people, engagement is necessary in order to establish a therapeutic alliance. Therapeutic alliance has been found across adult therapeutic approaches to be one of the most important predictors of therapeutic success (Vogel et al., 2006; Loeb et al., 2005). A number of proposed definitions and models proposed for the adult therapeutic alliance exist (for a review see Elvins & Green, 2008), however, few studies have looked specifically at adolescent therapeutic alliance. This is important, as relationship failure is the reason most cited by adolescents for treatment discontinuation (Garcia & Weisz, 2002).

Shirk and Karver (2006) have proposed a process model of successful adolescent therapy that temporally orders three constructs: 'Engagement' (therapist behaviours and strategies promoting alliance); 'Alliance' (the adolescent perceiving the therapist as a reliable source of help); and 'Involvement' (the adolescent actively working towards change). In considering these constructs, it is arguable that 'Engagement' must also embody aspects of service structure and operation in addition to therapist qualities, and this will be discussed further in Section 1.3.3. For example, Oetzel and Scherer (2003) highlight that adolescents often do not feel competent in unfamiliar, traditional psychotherapy settings, leading to engagement difficulties – particularly if the setting is stigmatised and the young person has no choice. Regarding 'Alliance', DiGiuseppe, Linscott and Jilton (1996) suggest it should not be conceptualised as simply a bond (an emotional relationship between therapist and client) as agreement of goals and methods for change is a core component. Shirk, Caporino and Karver (2010) agree that alliance has become closely associated with attachment (discussed further in Section 1.6.3) in adolescent work, and that this can overlook the importance of agreed goals. This appears important in the context of referrals potentially occurring without the young person's input or consent.

In an empirical review, Shirk, Caporino and Karver (2010) found that value of alliance in adolescent therapeutic outcomes is under-researched. However, seven studies showed small to medium effects (comparable to adult studies) covering adolescent “depression”, “bulimia” and “substance misuse”. Some research has focused on factors influencing the adolescent therapeutic alliance. Alliance development and resulting treatment collaboration is supported by the adolescent experiencing the therapist as reliable, dependable and responsive (Shirk, Gudmundsen, Kaplinski & McMakin, 2008). Diamond, Liddle, Hogue and Dakof (1999) found close attention to the young person’s experience in initial meetings, before focusing on therapy tasks, led to more positive subsequent alliances. Creed and Kendall (2005) found pushing adolescents to talk, being overly formal, and overly emphasising shared experiences negatively impacted therapeutic alliance.

Exploring both the therapist’s and client’s experiences in therapy, utilising empathy and therapists being open to admitting mistakes and empathetic failures, has gained empirical support as an approach for resolving ruptures in the adult therapeutic alliance, facilitating better treatment outcomes (Muran et al., 2009, Muran, Safran, Samstag & Winston, 2005). Constantino, Castonguay, Zack and DeGeorge (2010) argue that this approach might work well for adolescents, because of the importance of modelling as a learning process in adolescence.

1.3.2 The problems and challenges of delivering evidence-based interventions

Several challenges in delivering evidence-based interventions to marginalised young people will be discussed. Firstly, the evidence base is predominantly organised using diagnostic categorisations with which there are conceptual difficulties and fundamental issues of validity (Boyle, 1999). Furthermore, while there is a drive for the increased use of evidence-based practice, this has also driven concerns about the relevance of this research for practitioners in routine service settings. Arguably it is equally or more important to focus on the enhancement of treatment quality, namely by developing and implementing practice-based evidence that reflects the complexity of the work that is

done in services (Barkham and Mellor-Clark, 2003). The evidence base for work with more complex, vulnerable groups of young people with mental health difficulties has significant gaps, and does not reflect this complexity. This is because NICE guidance is based on trials that exclude young people who are suicidal, present too much risk, or present with co-morbidities – young people not typically seen in CAMHS, let alone considered ‘hard to reach’. In addition, young people recruited for research are typically required to speak English and have parents who are willing to engage in treatment (Morris & Waggett, 2011).

Delivering evidence-based interventions also raises implementation issues. This becomes apparent when considering a specific guideline likely to be applicable to gang-involved young people (*Guidelines for ASB & CD*, NICE, 2013). The only intervention NICE recommends for young people over the age of 11 is multi-modal intervention, such as multi-systemic therapy (MST). However, while there is good evidence for MST’s effectiveness in terms of reduced offending and improved family relationships (Butler, Baruch, Hickley & Fonagy, 2011), Boxer (2011) has also reported an association between gang involvement and MST treatment failure. As an approach it is also intensive, requiring a high degree of engagement from the young person and their family as well as others in their surrounding networks, and requiring a high degree of skill from practitioners. This is problematic for young people without a family willing to engage with services or support them, and/or excluded from education. The CSJ (2012) also note that MST is expensive, and funding difficulties prevent extensive availability. This is consistent with Ford, Hamilton, Goodman and Meltzer’s (2005) findings that only a quarter of children with CD diagnoses receive specialist treatment. NICE Guidelines acknowledge this and call for research to identify strategies improving uptake and engagement with CD interventions.

A further and more troubling challenge is the need for interventions to address the meso and macro level factors playing such a powerful part in these problems. Multimodal interventions go some way towards addressing meso-level factors, but do not address the macro-level: the level of socio-economic policy and politics. Individual or family focused interventions run the risk of falling into a ‘context minimisation error’ (Shinn &

Toohey, 2003), likely to limit the effectiveness of interventions and longevity of change. NICE Guidelines (2013, p.14) consider this, asking the question, “medicalising a social problem?”. However, their answer highlights the health aspects of the problematic behaviour given these labels, without addressing the dilemma of what responsibility health professionals then hold to address the powerful social-level factors at play.

Lastly, given the known risk factors, recommended interventions are reactive, addressing difficulties already established in behaviour concerning enough to warrant a referral, often in crisis circumstances. The potential detrimental impact on young people living in similar circumstances is not addressed. WHO (2007) states mental health promotion should focus on reducing the risk of mental health problems and contributing to social and economic development. Walker et al. (2005) also argue that a comprehensive mental health approach would address the socioeconomic conditions exacerbating poor mental health. This mirrors concern in the social policy literature on gangs, that considerable focus is directed towards individual gang members or at risk young people but not on macro-level, contextual causes (Decker, Melde & Pyrooz, 2012).

1.3.3 Creating inclusive, acceptable, accessible services

Glisson et al. (2010) note that simply training clinicians in new evidence-based treatments is not sufficient to create effective services. Strategies removing barriers within the organisation and within the community are also required; however, they argue development of these strategies lags behind the development of treatment models. This is corroborated by the CAMHS review (2008, p.91), which identified a lack of evidence on effective structures and arrangements for delivering services.

Children and Young Person’s Improving Access to Psychological Therapies (CYP IAPT) planning documents note limited collation of information to help understand blocks to accessing CAMHS (Morris & Waggett, 2011). NICE (2013) noted a very limited evidence base for drafting guidance for improving access to treatment for ASB and CD. The available research noted the importance of: involving young people in treatment

decisions; flexibility of venues; clear information on services, particularly regarding information sharing; respect for confidentiality; and a lack of respect as a key reason for young people or parents/carers withdrawing from treatment. This is consistent with common improvements to make 'hard to reach services' more accessible suggested by Flanagan and Hancock (2010): establishing trust with service users, treating service-users with respect and harnessing their involvement; offering service flexibility; and partnership working with other organisations. In particular, for 'hard to reach' young people, Fonagy and Higgitt (2007, p.7) argue that the cumulative nature of risk teaches us we need to be "taking help to the child rather than expecting the child to seek help".

Castro, Whiting and Boyle (2013) discuss the tendency for clinical psychology services to focus on becoming 'accessible', and suggest that ensuring 'acceptability' through an examination of the biases and assumptions of the theories the profession draws on, and the practices these lead to, might be a better approach. Therefore, furthering Fonagy and Higgitt's (2007) point that help should be taken to the young person, it is equally important that the nature of that help should be defined by what is acceptable to young people, and this may, therefore, involve co-construction.

However, for marginalised and excluded young people this is not easy. The CSJ (2012) argue, for example, that given evidence that contact with the criminal justice system increases the likelihood of reoffending, preventative services should be commissioned from the voluntary sector and mainstream children's services, such as schools, CAMHS and children's social care. Yet, the accessibility of both CAMHS and school-based interventions for young people who are often excluded has already been identified as problematic, and relationships with professionals involved in social care can also be strained (Imafidon, 2012). McMahon (2013) noted many London community interventions targeting gang-violence are located in schools and hospitals; however, hospital-based interventions are only likely to come into contact with active help-seekers, and in a time of crisis. Furthermore, Patel et al. (2007) note that because of less health problems in youth, young people may not have a GP. Relying on usual referral routes is unlikely to be effective for the most marginalised young people. To

provide the support to marginalised young people that government policy commits to, service structures may need to change considerably. Wilson and Refson (2007) argue this may mean changing the basic mode of operation of a service, putting the 'hard to reach' at its heart, rather than creating add-on provisions. Patel and colleagues (2007, p.1309) suggest locating adolescent mental health services within "a broader youth precinct for youth health and welfare, where mainstream youth-oriented activities occur, such as sports and leisure pursuits." Furthermore, there is an opportunity for local authorities to commission youth-focused public health initiatives to promote mental wellbeing and address inequalities under the new English NHS structure (Marmot, 2014).

There is a strong argument for young people to be involved in the design of services to make them more accessible (Fraser & Blishen, 2007). Participation can empower young people and increase the likelihood of them positively contributing to society (Street & Herts, 2005) and recognises that young people are "active and competent citizens" (Kirby et al., 2003). Young people have reported a wide range of benefits from participation, including feeling empowered and in control, making a difference at many levels, gaining confidence and new skills (Vasiliou-Theodore & Penketh, 2008). It is interesting that these outcomes include the development of skills supporting social inclusion, and address the 'lack of control' that Patel et al. (2007) identified as a central theme in risk factors for adolescent mental health. Of course, the accessibility and engagement issues already outlined raise the question of how to establish participatory relationships with this group, particularly given the chaos and complexity of their lives.

1.4. Problem statement and research purpose

Katz, La Placa and Hunter (2007) suggest barriers to inclusion should not be seen exclusively in terms of the characteristics of services, nor of service users, but rather as the quality of interaction and 'fit' between the needs and expectations of service-users and the provision of services. It is widely acknowledged current CAMHS do not 'fit' well

with young people living within contexts that increase their risk of mental health problems and offending. Responding to the CAMHS review, the government stated that by “describing what effective services look like, we can help turn best practice into common practice in every local area” (DOH, 2010). Furthermore, the workgroup planning the CYP IAPT implementation stated, “more effectiveness research is needed with real-life cases”, continuing “[w]e can learn a lot about the processes involved in therapeutic interventions and their acceptability with clients through qualitative research” (Morris & Waggett, 2011, p.12).

This study responds to this call, and aims to contribute to practice-based evidence, by undertaking a qualitative investigation of what an often-excluded group of young people have found helpful and unhelpful in a mental health project that takes a different approach to mainstream services. This research proceeds on the assumption that the service, introduced below, may have facilitated change, some of which may have been experienced by young people as positive. These assumptions are based on the project being reported as best practice in a number of recent policy reports (CSJ, 2012; McMahon, 2013) and its successful engagement with a number of young people who have been excluded from or chosen not to access services previously (www.mac-uk.org). The purpose of this study is to explore if positive change is made possible for young people involved with the project, and if so, how this is facilitated, based on the interview accounts of young people and professionals. It is important to state that in focusing on what young people felt was effective in helping them to change in preferred ways, this research is not seeking to produce an evaluation or comprehensive explanation of the service itself.

1.5 Introducing the research site

MAC-UK is a charity founded in North London by mental health practitioners and excluded young people aged 16 to 25 involved in or affected by a gang and serious youth violence. It began with the project ‘Music & Change’ (M&C) (see Zlotowitz, 2010), and has since grown to include many other projects. The M&C project within MAC-UK

was the site of the current research.

Learning from the M&C project has led to the development of a template service design, the 'Integrate model' (referred to as 'Integrate' hereafter to avoid confusion with the analysis model presented in Chapter 3). 'Integrate' aims to make mental health support accessible to this group, help them into employment, education or training and reduce offending. Integrate draws on many theories and approaches from critical, clinical and community psychology, and the project claims to have had success taking this integrated approach. Of the original group of young people involved in M&C, who were said to be "on the road to prison", 75 per cent are now in education, training or employment; three have set up their own social enterprises and 25 per cent are receiving NHS medical care (www.mac-uk.org). Although it does engage with females, 'Integrate' was designed predominantly for and with young gang-involved males, based on evidence of their reluctance to seek professional help compared to young females. 'Integrate' works with a peer group of up to 50 young people, drawing on the social dynamics and inherent resources of the group to create participation and change (Zlotowitz, Barker, Moloney & Howard, submitted). 'Integrate' practitioners ask young people for help creating youth-led projects and for advice on how to reach young people (see Appendix B for a detailed description of 'Integrate'.)

The key influences in the Integrate approach are discussed further below, before an explication of some of the challenges and difficulties of bringing together differing approaches.

1.6 Key elements in 'Integrate'

1.6.1 Community psychology

M&C draws on community psychology, by focusing on co-constructing project activities with young people, drawing on the strengths and resources of the peer group involved,

and sharing (to some degree) the control of and decision-making related to the running of the project, such as policy writing.

Community psychology has been described by Kagan, Burton, Duckett, Lathom and Siddiquee (2011) as having the contradictory properties of being both a derivative of mainstream psychology and an alternative approach. Community psychology rejects individualism as the focus of psychological work, and therefore takes a different stance to the dominant accounts of mental health that underlie government policy, and much of the therapeutic endeavour undertaken within mainstream UK mental health services. It can be understood as the applied psychology of working with communities, and theoretically it draws on a range of perspectives, such as feminist, liberation and critical psychology.

While there is no consensus on the definition of community psychology, broadly, community psychology considers people as active agents trying to make choices within the constraints and opportunities of their social contexts (Orford, 2008). It focuses on liberation from oppression and the attainment of wellness – a positive state of affairs brought about by the simultaneous and balanced satisfaction of personal, relational and collective needs (Nelson & Prilleltensky, 2010). For example, at the personal level, individuals have needs such as a sense of control, hope, and health; at the relational level, they need mutual respect, appreciation of diversity and compassion; and at the collective level, fair and equitable distribution of resources, democratic decision making, and a clean and safe environment (Prilleltensky, 2013). This holism is considered an antidote for reductionism in the formulation of problems (Nelson & Prilleltensky, 2010). However, Fryer, McKenna and Hamerton (2000) warn that community psychologists can slip into a reductionist idea of ‘wellness’ that focuses on meeting *needs* that are associated with belonging to individuals rather than the social context, and therefore conceptualising individuals as deficient rather than society as oppressive.

Central concepts in the community psychology approach are power and dis/empowerment, recognising that people with psychological difficulties often have little

power over key factors affecting their lives. Interventions therefore aim to find ways of helping people combat inequality and injustice, often focusing on prevention, intervention and, at a non-individual level, policy-change (Orford, 2008). The aim of the approach is to have psycho-political validity, by attending to both the political and psychological needs of marginalised groups (Prilleltensky & Fox, 2007). This approach can acknowledge the particular power experience of young people, who by virtue of their age structurally lack the political, economic and civil power of adults (Morrow & Richards, 1996), and particularly marginalised young people, who have already been described as existing within a context defined by 'a lack of control'.

In addition, the concept of social capital often drawn on in community psychology is helpful in identifying links between wellbeing and more distal levels of context. One way of conceptualising social capital is "the idea that individuals and groups can gain resources from their connections to one another" (Paxton, 1999). It can be defined and measured "at the interpersonal, community, institutional, or societal levels, in terms of networks (bridging) and norms of reciprocity and trust (bonding) within those networks" (Perkins, Hughey & Speer, 2002). Research has shown social capital is a predictor of adolescent wellbeing (Leung et al., 2010) and lower levels of depression (O'Connor et al., 2011). Furthermore, perceptions of neighbourhood safety and trustworthiness strongly associate with childhood psychopathology (Meltzer, Vostanos, Goodman & Ford, 2007). Attending to social capital can, therefore, direct our attention to meso and macro level factors impacting on the wellbeing of young people.

In practice, community psychology involves working collaboratively with those who are marginalised, favouring interventions that involve co-action with participants. This is consistent with its strengths and competences focus, as opposed to focusing on people's needs and deficits (Fryer, 2008). Collaborating leads to a focus on transparent working and openness to a plurality of methods (Orford, 2008). This partnership working is often "influenced by Freire's critical pedagogy in which dialogue between partners is not based on a notion of knowledge transfer but aims for joint action between agents who hold different knowledges" (Campbell & Jovchelovitch, 2000). Aveling and

Jovchelovich (2014) highlight that partnership in community psychology approaches is both a tool for intervention and an intervention in itself. It involves evolving processes of social relationships situated in particular material, institutional and socio-economic contexts, while also working towards the instrumental outcomes at which the partnership aims. In terms of how community psychology is practised, Burton, Boyle, Harris and Kagan (2007) note that community psychology is pragmatic and reflexive, rather than wedded to a particular orthodoxy of method. This pragmatism can lead to dilemmas regarding what is appropriate work for community psychologists, discussed further in Section 1.6.1.2.

1.6.1.1 Community psychology projects with young people

Community psychology projects created with young people have included participatory action research (PAR) projects leading to social action (Morsillo & Prillentsky, 2007; Bradley, Deighton & Selby, 2004), including the 'Photovoice' approach (Vaughan, 2014), and community-based youth projects (Jarrett, Sullivan & Watkins, 2005). These studies had protective aims, seeking to promote the wellbeing of marginalised adolescents through raising young people's critical awareness of risk factors in their contexts, and co-constructing (to varying degrees of collaboration) and supporting young people in implementing projects addressing these. In a grounded theory evaluation of US community youth programs, Jarrett and colleagues (2005) described a three-stage process of relational development, with young people reporting feeling disconnected from adults, interacting through activities, and connecting meaningfully with adults. A second theme described young people viewing adults as helpful sources of resources, support and exposure to the adult world. In Bradley and colleagues' (2004) study, young people attended a council meeting, successfully arguing for the employment of a youth worker in their deprived town. These studies indicate increased levels of community participation and social capital through linking to adults with power and resources.

Bridging social capital was also developed in Vaughan (2014), where Papua New Guinean young people used Photovoice to communicate their health priorities to local

and national decision-makers. However, Vaughan reflected that maintaining these new relationships in the longer-term and making lasting change is challenging, and argued that PAR methodologies need to focus more on moving young people from the “safe social space” of the research project into lasting critically-informed action. Morsillo and Prilleltensky (2007) used PAR in a school-based intervention with Australian adolescents in a deprived area. Young people developed and administered social action projects, based on their own interests, with support recruited from the community. Qualitative evaluation concluded overall positive outcomes for young people at the three levels of well-being (individual, group and community), including increased sense of control and responsibility, increasing group cohesion and motivation, and increased awareness in the community of youth experiences of homophobia. The authors acknowledged that most benefits were made at the individual and group levels rather than the communal level. However, despite lesser community-level change, these individual and group changes are consistent with protective factors of mental wellbeing (WHO, 2007).

1.6.1.2 Dilemmas in the community psychology approach

Critical community psychologists are concerned with the operationalisation of community psychology, and ask questions such as whether community psychology “is a route to ‘liberation and well-being’ or a contemporary form of the psy-complex ideal for compliance induction in the interests of contemporary neoliberal regimes” (Fryer & Duckett, 2014, p.284). A central dilemma for community psychology is whether it is fair to expect those who are disempowered and potentially damaged by society to be the ones to change society, and whether individually-focused psychology work is ever warranted to help people with their suffering.

Nelson and Prilleltensky (2010) suggest that “without some kind of individual attention and space, individuals may not process their own sources of suffering and alienation; but with too much space and individual attention they may not connect their own suffering to the suffering of others, or join hands with others to overcome the forces pressing them down” (p.228). This is consistent with Holland’s (1992) social action

model for work with “depressed” women on a housing estate, in which individual psychotherapy was offered, followed by group work and then social action. Holland described this as “a series of options, each more socially connected than the last, in a progression from private symptom to public action” (p.74), noting that not all women will traverse all three modes. While the aim is to activate, rather than sedate, the project also had aims focused on change at the individual level – for example, that “the client will have internalised a ‘good enough’ self-and-therapist dyad with which to question and counsel herself” (p.71).

While Holland’s work is often held up as an exemplar of community psychology, others argue that individual work is never warranted. Fryer, McKenna and Hamerton (2000) claim that “whilst to offer intra-psychic intervention for an intra-psychically caused psychological problem may be humane clinical psychology, it is not community psychology, and to offer an intra-psychic analysis and intervention for a socially caused psychological problem is not community psychological, critical psychological, effective or socially just” (p.500). Some practitioners may seek to address this dilemma by focusing on preventative work as a corrective to individual treatment, however critical community psychologists suggest this too is problematic, as the rise of prevention experts would not engage potential victims in taking control of the circumstances that threaten their wellbeing (Kagan et al., 2011).

Another issue facing community psychology approaches is how to remain collaborative over the longer term. The community projects cited in Section 1.6.1.1 overcame many of the engagement challenges described in Section 1.3.3; however the projects were short-term, and their brief existence may impact on their ability to make an impact at the community level. It is possible that more permanent ‘services’ founded on community psychology principles stand a greater chance of having a greater impact at the community level. However, maintaining the co-constructive nature of projects over time introduces new challenges. A project’s established identity, processes and aims may outlast the original participants, and come to reflect a historic collaboration rather than manifesting a current and vibrant co-construction.

Community psychologists have explicitly advocated the values that should underpin the co-creation of projects. For example, Kagan et al. (2011) name these core values as social justice (human rights to be pursued in praxis), stewardship (duties and responsibilities to be reflected in praxis) and community (hopes and desires to guide praxis). However, like mainstream psychological approaches, community psychology projects face engagement issues. Gaining entry into a community is not always successful, and may take a long period of time to work through a process of not being able to access the community, waiting to access, transitioning into the community and being accepted in the community (Kowalsky, Verhoef, Thurston and Rutherford, 1996). While practitioners are advised, among other things, to be patient and flexible, follow the lines of authority, and be prepared to change tack, Kagan et al. (2011) highlight that some of these principles may come into conflict with professional codes of conduct or the principles of community psychology itself.

Furthermore, while the membership of a collaborative project is regarded as one of its primary assets, collaborative work places unique demands on participants. In a review of 80 articles, Foster-Fishman, Berkowitz, Lounsbury, Jacobson and Allen (2001) highlighted that relational capacity may need to be built among participants for collaborations to be effective. For example, they argue participants must have the skill and knowledge to work collaboratively with others. Yet it is not clear how this capacity is to be fostered, particularly for non-traditional participants for whom collaborative engagement is an alien experience and who are not likely to trust outsiders. This again raises the dilemma of whether work focused at the individual and relational level to support group functioning is ever justifiable in community psychology. How to overcome barriers to engagement is therefore an on-going issue for community psychology, as it is for other psychological approaches.

1.6.2 Mentalisation

Although 'Integrate' was developed with young people drawing on the collaborative principles of community psychology, its overarching clinical framework is Adolescent

Mentalisation-Based Integrative Therapy (AMBIT) (Bevington, Fuggle, Fonagy, Target & Asen, 2013), which draws on psychodynamic theory. In AMBIT, a mentalisation-based approach is utilised to work with young people, to work with other professionals in a young person's network and to work within the practitioner team. Specifically, AMBIT suggests a trusted relationship with a professional can provide the context for enhanced 'mentalisation' – the ability to make and use mental representations of one's own and others' emotional states – and thus healthier psychological functioning (Bateman & Fonagy, 2011).

As outlined, evidence suggests that relationship is central to young people's on-going engagement with services and, therefore, potential for change (Castro-Blanco & Karver, 2010; Lemma, 2010). To support relationship development, AMBIT proposes professionals configure as a 'team around the keyworker' as opposed to around the young person, and outside agencies impart expertise to this keyworker through supervision and training. This is based on the proposal that young people with difficult attachment histories may struggle to form multiple trusting and helpful relationships, and that keyworkers may find the use of other's mentalisation skills helpful in times of high stress or emotion.

Because AMBIT works on the assumption that mentalisation ability may be impaired by early experiences of relational difficulties, it can be seen to take a deficit-based view of people while implicitly suggesting that professionals using this approach are more skilled. Although AMBIT does not suggest that mentalisation is a unitary or static skill, but rather acknowledges that it is likely to falter in contexts of intense emotional arousal (Bateman and Fonagy, 2012), it locates the logical site of intervention at the individual and interpersonal level, rather than at the structural level of eradicating unsafe and dangerous contexts. This is therefore in direct conflict with the strengths-based focus of community psychology, suggesting a tension within the 'Integrate' approach and how it positions young people which critical community psychologists might argue is unacceptable. However, if a mentalisation-based approach is successful in developing relational skills, it might support people to be involved in collaborative endeavours of a

collective nature. More pragmatically oriented community psychologists might argue that in this way it is a good partner to community psychology approaches.

1.6.3 Attachment

Mentalisation's formulation of relational difficulties draws on attachment theory (Bowlby, 1969), another key theory used in 'Integrate'. Again, this is a theory associated with psychodynamic approaches in psychology, very different to community psychology constructs. Connors (2011) argues attachment theory provides a powerful tool for integrating therapeutic approaches. Attachment theory proposes that infants develop emotional regulation skills in the context of relationship with a primary carer (Sroufe, 1996). A secure attachment to the carers forms when their needs are met consistently, developing concurrently internal models of self, world and others as worthy, generally safe, and trustworthy respectively (Dallos & Comley-Ross, 2005). However, avoidant or ambivalent patterns of attachment are said to develop where infants have not had their needs met with enough consistency, or have experienced a trauma or a lack of safety. An avoidant attachment is characterised by feeling one cannot depend on the caregiver; an ambivalent attachment is characterised by uncertainty regarding one's own capacity to love and to be loved (Carr, 1999).

Adolescent attachment style has been associated with psychosocial functioning (Allen, Hauser & Borman-Spurrell, 1996; Allen, Moore, Kuperminc & Bell, 1998). Theorists suggest that these early working models are influential during the adolescent's transition into adulthood, as attachment-related information is reintegrated and consolidated (Bowlby 1973; Brown & Wright, 2001). This proposed 'reintegration' suggests a potential window for approaches such as AMBIT to redress negative earlier experiences. Forbes and Reilly (2011) have argued that attachment theory should inform probation work with offenders, as a way of engaging with supervision and rehabilitation programmes, arguing that the importance of relationship has been overlooked in the criminal justice system.

The use of attachment theory has been subject to criticism for several reasons. Research has highlighted that attachment classifications applied to individuals are subjective and value-laden (Barth, Crea, John, Thoburn & Quinton, 2005) and can be used to imply a pessimistic determinism to childhood, suggesting early difficulties have an irreversible impact (Fraley, Roisman & Haltigan, 2013). Furthermore, attachment theory has been critiqued widely for being culturally biased, parent-blaming and supporting a conservative model of society in which women are held responsible for child care (Burman, 2007). For example, it can be argued that what professionals might interpret as an attachment style suggestive of poor care may in fact be a reflection of a lack of safety in a child's wider socio-political context (Morelli & Rothbaum, 2007). Therefore, the use of attachment theory which assumes the site of the problem will be at the interpersonal level, can distract attention from more macro level factors that may in fact be the 'cause' of difficulties and the more appropriate site of intervention.

1.6.4 Epistemological tensions within the 'Integrate' model

The mentalisation-based approach of AMBIT suggests that problems such as distress are related to relational difficulties experienced by the individual, and therefore could be considered to be a property of the individual. This is in comparison to the political and social causes of distress that community psychology would look to, and suggests a tension within the 'Integrate' model. While social analyses of distress look to concepts such as social processes and structures, attachment theory suggests distress can be caused by poor quality relational experiences impacting on the individual's internal cognitions. Therefore, similarly, this approach suggests a deficit within an individual as the site of necessary change for improved wellbeing. Therefore, some critics would argue that these approaches are incompatible and should not be combined. More pragmatic practitioners however might argue that the harmful impact of dangerous, oppressive or highly arousing environments can be integrated into the theoretical understandings proposed by mentalisation and attachment theories, and interventions drawing on these approaches can support interpersonal relations which may facilitate

an individual becoming involved in social action. Given the interest in the formation of a particular form of relationship in both community psychology and attachment-based approaches, it is unclear whether the development of an attachment-like relationship might preclude the development of a participatory-like relationship or vice-versa. This may be a potential risk of combining the different approaches.

It is therefore acknowledged that there are difficulties in considering applied therapeutic work that draws upon the community psychology approach alongside approaches that draw on individualised or relational accounts of mental health problems, because the understandings of distress and how to intervene to reduce it do not reconcile. However, this research has considered these varying approaches alongside each other, because the research is located in a project that has brought them together. This potentially allows for the consideration of how acceptable, accessible and effective drawing these approaches together is for young people who come into contact with the project.

1.7 Summary

The difficulties with engaging marginalised young people in mental health services, developing interventions that address the risk factors that threaten their wellbeing and are acceptable to young people, and structuring accessible services to deliver these interventions, have been discussed. M&C has been introduced, a project which implements 'Integrate', an innovative service structure aiming to overcome some of the challenges described above in order to reduce health and social inequalities of gang-involved young people. 'Integrate' draws on community psychology principles, as well as ideas from very different psychological approaches, such as mentalisation and attachment theory. With so much innovation in its practice, it is difficult to know how positive change is achieved for young people involved with the project, if positive change does occur as has been claimed.

1.8 Research aim and questions

This research, therefore, aimed to develop a model that conceptualises the therapeutic processes occurring at M&C, a project within MAC-UK, that facilitate positive change for young people.

The research questions were:

1. What, if anything, do young people find helpful in their experiences with the service?
2. How, if at all, do interpersonal relationships influence any positive change achieved?
3. What, if any, other factors effect the experience of positive change?

CHAPTER TWO: METHOD

This chapter outlines the epistemological, ontological and ethical foundations for this study, explaining how they influenced the selection of grounded theory methodology (GTM) to address the research questions. A brief outline of GTM is given, with a summary of the processes followed in this particular study.

2.1 Ethical, epistemological, and ontological positions

Willig (2006, p.2) notes that if research methods are “the way to a goal”, we first must be clear about our “goal” – the objectives of our research within the limits of what we consider it is possible to know. This requires adopting epistemological and ontological positions. Harper (2012) suggests that to identify these positions, researchers may need to reflect on ethical and political commitments. This resonates with my concern to consider carefully the ethical issues inherent in undertaking research, from its goals through to its design and the practical acts involved. Therefore, ethics was an important consideration in deciding the epistemological and ontological foundations and methodological approach taken.

2.1.1 Ethical considerations: Why ask the research question and to what purpose

Willig (2006) counsels that researchers should consider in whose interest it might be to ask the research question and for what purposes the research might be used. Barker, Pistrang and Elliott (2001) state that ideally research should aim towards changes in professional practice or contributing to social or legal reforms, rather than knowledge accumulation. Correspondingly, this study looked to professional practice and the potential for findings of relevance to policy relating to professional practice.

The research questions constructed for this study were:

1. What, if anything, do young people find helpful in their experiences with the service?

2. How, if at all, do interpersonal relationships influence any positive change achieved?
3. What, if any, other factors effect the experience of positive change?

I hope that asking these questions is in the young participants' interests: firstly, by creating an opportunity to have their perspectives, often excluded from the mental health literature, included in the evidence base and policy decisions about services for young people; and secondly, by providing an opportunity to reflect on positive change achieved and have these reflections witnessed and documented.⁴ It is also hoped that this question will benefit M&C professionals, by producing an analysis that draws together their accounts with young people's perspectives, possibly triggering new insights on their work. 'Integrate' is in its early development and this study may contribute to a wider evaluation being carried out by other researchers. It is also hoped that this research might contribute useful ideas to professional practice in the psychology profession regarding how professionals and services can support young people towards positive change.

These hopes are influenced by the wider ethical context of this research – specifically the limited evidence base relating to “what works” in psychological therapy with adolescents labelled ‘hard to reach’, and the tendency for ‘hard to reach’ children, frequently in greatest need of good services, to be marginalised in enquiries about those services (Curtis et al., 2004).

2.1.2 Epistemological and ontological positions

As these aims relate very directly to services that exist or might exist in the world, I take a critical realist position, assuming a relativist epistemology and realist ontology (Dilks, Tasker & Wren, 2010). I assume there is a world in which cause and effect relationships

⁴ I have in mind the narrative therapy concepts of outsider witnessing and the telling and thickening of preferred stories (Carey & Russell, 2003).

exist, but acknowledge we cannot know this world with certainty, and, therefore, our understandings are essentially tentative (Barker, Pistrang & Elliott, 2001). However, I acknowledge that social constructionist positions argue that reality is not accessed directly, but filtered through lenses of language, meaning-making and context (Oliver, 2012), and that the operation of power and available social discourses within a particular context can constrain and limit what can be said or done (Harper, 2012). An acknowledgement that this is a limitation of taking a critical realist position is presented in Section 4.2.1.

2.2 Rationale for grounded theory methodology

Elliott (2012, p.69) argues that knowing a type of therapy is correlated or even causally related to positive client outcomes does not tell us “what specifically in that therapy clients have used to bring about change in themselves”, and that, “as we still know relatively little about how change actually occurs in most mental health interventions”, qualitative discovery-oriented research methods are especially appropriate. Qualitative methodologies pursue meaning rather than predicting outcomes, asking questions about processes, such as “what do people do?” and “how do people manage?” (Willig, 2006). These methodologies give more freedom to participants to elucidate their ideas and respond in their own words than do quantitative methodologies (Barker, Pistrang & Elliott, 2002).

Grounded theory methodology (GTM) was selected because it aims to move beyond rich description towards producing a theory or model of practical use (Barker et al., 2002). GTM is particularly useful for investigating social processes that occur in a particular setting or among a particular group, particularly where little is known about the process that is the object of interest (Tweed & Charmaz, 2012).⁵ As outlined in the

⁵ Charmaz (2006, p.10) defines a “process” as the linking of unfolding temporal sequences that lead to change, potentially with identifiable markers of beginnings and

Introduction, there is professional uncertainty regarding how to engage marginalised young people with professional help, and a lack of guidance for practitioners regarding how to embark on such a process. In addition, many possible factors have been identified, such as acceptability, accessibility and relationship to help, which may influence the process of engagement. For this reason, GTM was selected as an appropriate methodology to investigate processes that lead to helpful change for young people, if such processes were found to occur at the research site.

‘Freshness’ in GTM theorising is achieved by ‘grounding’ the developing theory in data, using specific processes (outlined in the Procedure section) to facilitate inductive and abductive reasoning⁶. One example is the delay in conducting a literature review until analysis is underway, advocated by Glaser and Strauss (1967), to avoid imposing preconceived ideas onto the data and to encourage the construction of categories and concepts directly from the data gathered. Initially, individual cases are studied inductively. As findings of interest are discerned, potential theoretical explanations are considered, and more data gathered to construct the most plausible explanation. Thus, theory evolves iteratively during the research process, through a continuous interplay between analysis and data collection (Strauss & Corbin, 1998). According to Bryant and Charmaz (2007), GTM links empirical observation with imaginative interpretation, but if successful, these imaginative turns gain theoretical accountability through repeated returns to the empirical world.

2.2.1 Rationale for Constructivist GTM

endings and benchmarks in between. She notes outcomes of specific processes have a degree of indeterminacy, as the present arises from the past but is never identical with it.

⁶ Inductive reasoning refers to a logical process in which multiple premises, all believed true or found true most of the time, are combined to obtain a specific conclusion. No amount of inductive evidence guarantees the conclusion. Abductive reasoning refers to inference to the best or most economic explanation from an incomplete set of observations (Flak & Kakas, 2000). Inductive reasoning was used to identify processes occurring in the data set, believed to be true or true most of the time; abductive reasoning was used to generate a hypothesis that was felt to best explain these processes, the grounded theory model.

Glaser and Strauss' initial GTM was founded on positivist assumptions about a knowable external reality, and theory “discovered” from within data by a neutral researcher (Charmaz, 2006). Critics have argued positivist grounded theory does not adequately address questions of reflexivity (Willig, 2006) and is “philosophically naïve” (Bryant & Charmaz, 2007, p. 49). However, researchers working from more relativist epistemological foundations have taken up GTM, and today there is a degree of consensus that GTM can be used across a continuum of epistemological positions. These range “from more positivist forms (Glaser, 1992) through post-positivist (Strauss & Corbin, 1990) to constructivist versions (Charmaz, 2006)” (Tweed & Charmaz, 2012, p. 132). A constructivist approach to grounded theory can be particularly useful for research relating to issues of social justice, as it can be used to consider how social structures, situations and relationships (including policies and services) influence patterns of behaviour, interactions and interpretations (Tweed & Charmaz, 2012).

This research is positioned at the constructivist end of what Mills, Bonner and Francis (2006) have termed the “methodological spiral of GT”, and draws on the guidance of Corbin and Strauss (2008) and Charmaz (2006). I propose the product of this research is one interpretation of what has happened at M&C, rather than an objective portrayal of reality. I assume the experiences described by participants in this study are based on events that occurred, but that their accounts are interpretations, and these accounts are influenced by the interview context and characteristics of the participant and myself. I acknowledge my model was not ‘discovered’ but rather was ‘constructed’ from my interpretation of these accounts, and, thus, is inescapably infused with my perspective (Charmaz, 2006). I also acknowledge that what I ‘see-and-don't-see’ rests on my values (Charmaz, 2006) and, therefore, it is important I consider the factors likely to influence my interpretation, including my middle-class Australian upbringing, psychology training and left-wing political values.

2.3 Procedure

2.3.1 Ethical considerations

2.3.1.1. Ethical approval

In response to an invitation to potential researchers, I applied to MAC-UK, was interviewed by a young person⁷, and developed a research proposal (Appendix C). MAC-UK and the University of East London (UEL) School of Psychology Ethics Committee gave ethical approval for the proposed study to proceed (Appendices D & E). As MAC-UK is a charity, NHS approval was not required. The Centre for Mental Health Studies, conducting separate research at MAC-UK, reviewed the research proposal and deemed it consistent with their ethical requirements.

2.3.1.2. Consideration of ability and power

Hill (2005) notes that research ethics must consider the differences between young people and adults, particularly in terms of abilities and power. Younger people may have less developed verbal competence, and less capacity to express and understand abstract ideas and systemic interactions. Therefore, in this study, different verbal and written communications were used for young people and professional participants, and opportunities for clarification or asking questions were frequently offered to participants. Because adults are typically ascribed authority over children, young people may feel less comfortable disagreeing or dissenting, and less familiar with being asked to state opinions. I followed Hill's (2005) suggestion that the researcher adapt their interpersonal style, minimising the authority conveyed. For example, one young person was curious to hear my thoughts on the questions I was asking and I agreed to offer them at the interview's end. I aimed to reduce young people's inhibitions to increase the amount, value and validity of what they said, without encouraging them to reveal more than they would wish after the event (Willig, 2006).

⁷ The interviewer asked me to "tell my story" and then asked my opinion on the relative value of book knowledge versus lived experience. This led to a discussion regarding the dilemma of boundaries when working with young people and whether professionals sharing their own experiences might be helpful or unhelpful.

The UN Convention on the Rights of the Child and participatory research literature suggest researchers maximise young people's opportunities to input throughout the research process (Hill, 2005). Young people were employed as Youth Research Consultants (YRCs) to assist me throughout this research; I was interviewed for the role of researcher by a YRC, and then liaised with another YRC while designing and conducting the research.⁸

2.3.1.3. Protection from harm

Participants should not experience harm or loss through research involvement (Willig, 2006). Barker et al. (2002) suggest that harm is most likely to arise from painful feelings evoked through participation. Throughout interviews, I remained alert to any signs of distress in participants, and if necessary was ready to discuss sources of further support available to them. My obligation to respond to any safeguarding concerns was discussed verbally and outlined in the participant information sheet (Appendix F).

In addition, it was important that I was not at risk of harm while conducting the research. A risk assessment for each participant and YRC was carried out by the supervisor at MAC-UK, and reviewed immediately prior to each contact. During all interviews, a staff member who knew the young person well was present in the venue.

2.3.1.4 Informed consent

An information sheet was given to all potential participants and a consent form (Appendix G) completed prior to commencing the interview. For young people, key messages in these forms were repeated verbally in case of reading difficulties. All participants were reminded before commencing that they were free to withdraw at any time, to take breaks or reschedule.

⁸ YRCs were paid for this work. Through these consultations, I focused on sharing knowledge regarding the research process and identifying opportunities for YRCs to develop research skills.

2.3.1.5 Confidentiality and anonymity

Minimal information on participants was collected, to avoid potential barriers to participation. Young people were asked the length of their relationship with M&C and any formal roles undertaken at M&C or MAC-UK more broadly. No clinical files were accessed. Professionals were asked their length of employment at M&C.

Information about participants and content of interviews was kept confidential. Young people were encouraged not to disclose anti-social activities and the limits of confidentiality were explained before beginning interviews. Names and identifying features were altered in transcripts and the resulting analysis. However, it was made clear to participants that as the final research will be shared within M&C and MAC-UK, it is possible that readers from within the organisation (both professionals and young people) might be able to identify contributions. Quotations were carefully selected to protect anonymity.

Consent forms and transcripts were kept in a locked environment. I transcribed all interviews. Only I viewed the entire transcripts; small sections were reviewed by university colleagues to quality-check my analysis. This was made clear to participants before they consented.

2.3.1.6 Supervision

I received academic supervision from a clinical psychologist at UEL and clinical supervision from a site supervisor at MAC-UK. In addition, I received guidance from an experienced grounded theory researcher at UEL.

2.3.2 *Criteria for participation and sampling*

Inclusion and exclusion criteria were developed in collaboration with the site supervisor at MAC-UK. Both young people and professionals were invited to participate because

grounded theory seeks to gather multiple perspectives on the social processes happening in a particular context. An appropriate sample is therefore composed of participants who best represent or have knowledge of the research topic, as sampling is aimed at theory construction rather than population representativeness (Charmaz, 2006).

In order to take part in the research, young people needed to have been involved with M&C for more than six months, and assessed by the site supervisor to be capable of giving informed consent. Professionals were employed full time and had worked as 'Integrate' practitioners in the M&C project for six months or more. All practitioners interviewed were trained by and have on-going supervision from mental health practitioners who utilise the 'Integrate' model.

Purposive sampling of young people and professionals was used for this study with "information-rich cases for study in depth" selected with the assistance of the site supervisor (Bowen, 2008, p. 142). This sampling strategy is discussed further in the Procedure section.

2.3.3 Recruitment

Professional participants were recruited through email invitations from myself to all eligible professionals. Young participants were recruited through the site supervisor, who assessed eligibility and organised for relevant lead workers to invite the young person to participate. Young people were paid £10 in cash for attending an interview, regardless of whether they chose to proceed after the study was explained. While some people view participant payment as inducement (Hill, 2005), I considered this to be fair recompense for the young person's time and contribution, particularly as professional participants were interviewed during their salaried work day, and I was paid to conduct the research as part of my professional doctorate training.

2.3.4 Participants

The potential sample size for this research was limited by the size of the service. At any one time, the project works closely with approximately 25 young people, with up to 60 young people on its database. Six young people and six professionals were interviewed. Three of the young people had been or were employed by MAC-UK, in keeping with the aims of the project to share power and to help young people into opportunities such as employment. However, this may have influenced the accounts that these young people gave, as this indicates a more complex relationship with the project in terms of power and obligation (for example, if young people were relying on receiving a “good reference”). One professional was formerly a young person who had helped to develop the M&C project, again suggesting a complex relationship with is acknowledged. Furthermore, it is acknowledged that by working for the project, the accounts given by these young people are likely to be influenced by the dominant ideas held in the project by professionals.

2.4 Data collection

2.4.1 Resources

Interviews were recorded using a digital audio-recorder. A private room in the M&C office was made available for interviews, and a community café used for one young person who preferred this setting.

2.4.2 Interview process

Data was collected in two waves of semi-structured interviews (six young people in the first wave, six professionals in the second wave). Interviews are a common source of data in grounded theory and understood as a “directed conversation” (Pidgeon & Henwood, 1996, p. 89). Both young people and professionals were interviewed,

because grounded theory seeks multiple perspectives to investigate social processes. Young people were interviewed in the first wave; in this way, their responses informed subsequent interviews with professionals, so that young people's perspectives could be foregrounded in line with the research question and in acknowledgement of the social power differential that exists between professional voices and the voices of young people and service users. The interview schedule was designed to balance the need to address the research question while allowing participants the opportunity to redefine the topic under discussion and generate new insights (Willig, 2006). The initial interview schedules were approved by a YRC, and included questions drawing on the sensitising concept of attachment relationships identified in the research proposal. Sensitising concepts offer "directions along which to look" rather than "prescriptions of what to see" (Blumer, 1954, cited in Bowen, 2006, p.13), therefore, the schedules also included very open questions to allow participants to introduce other concepts, including asking about what was unhelpful regarding M&C.

After the interview, participants were asked: if they would recommend any changes or additions to the interview questions; if they would be available for a further interview if necessary; and if there was anything said in the interview that they would prefer was not used in the research. One young person and one professional asked that certain sections of their interview not be reported; these sections were not transcribed. Interviews lasted between 27 and 113 minutes, with an average of 63 minutes. After each interview, reflections were recorded in a reflective diary (see Appendix H) as suggested by Charmaz (2006).

There is no definitive guide to how many interviews represent sufficient data in GTM, with the 'right amount' depending on the research goal. Broadly speaking, studies aiming to provide detailed descriptions of localised phenomena such as this one require less data than studies aiming to theorise (Tweed & Charmaz, 2012). Ideally, the principle of saturation is the key consideration, however, pragmatic considerations also play their part (for example, the timings imposed by the university's submission date and other academic commitments of the researcher). To consider whether the data was rich and sufficient enough for theory development, questions suggested by Charmaz

(2006, p. 18) were considered and felt to indicate sufficiency had been reached (see Appendix I).

2.4.3 Transcription

The researcher transcribed all interviews verbatim. Following Willig (2006) only basic non-linguistic features of speech were recorded, as this is considered sufficient for the level of analysis used in GTM.

2.5 Data analysis

2.5.1 Procedure for analysis

Developing a grounded theory can be conceptualised as building a pyramid, with each layer of the pyramid increasing in abstraction and interpretation. The raw data is the base layer; basic descriptive codes describing that data form the layer above; and above that, focused codes and categories conceptualise the basic codes beneath. At the “peak of the pyramid” is “a theoretical conceptualisation of the processes interpreted from the data” (Tweed & Charmaz, 2012, p. 132).

Each participant’s data was treated as an individual account, and each account should be represented in the resulting model or theory.

GTM is more explicit and systematic than many other qualitative methodologies in outlining a set of procedures for “building this pyramid”. However, as processes can be used flexibly, and sampling, data collection, and analysis proceed iteratively, the research procedure can be difficult to outline in a linear fashion (Dilks, Tasker & Wren, 2010). A general description of the processes undertaken in this study is summarised below.

2.5.2 Coding

Line-by-line coding was the first analytic step taken. This involves breaking data into analysable fragments and applying to each a spontaneous, specific and short label describing the processes or occurrences that seem to be taking place (Tweed & Charmaz, 2012). Coding defines what is happening in the data while avoiding applying preconceived concepts to it: in vivo codes (using the participant's exact phrasing) and gerund codes are particularly effective in this regard, and were used as much as possible (Willig, 2006). Focused coding was then conducted, in which significant or frequent codes were organised to produce higher-level categories according to central features or characteristics (Willig, 2006) (see Appendix J). Sub-categories were also constructed – these belong to a category and give it further clarification and specification (Strauss & Corbin, 1998).

This was followed by axial coding, a tool for constructing “a grounded theory that is both dense and significantly analytical, as well as representative of structure and process” (Mills et al., 2006, p.6). It helps relate lower level concepts to broader ones (Strauss & Corbin, 1998). Bryant and Charmaz (2007) argue axial coding should only be used after careful assessment of suitability. Axial coding was considered to be suitable, as an initial process of sorting focused codes under the headings suggested by Strauss & Corbin (1998) seemed to flow, and did not feel forced.⁹ This process, in conjunction with diagramming (see Appendix K), provided a helpful framework for synthesising and relating data. Two theoretical codes were constructed through this process, describing relationships between categories and how they could be integrated into a theoretical framework (Charmaz, 2006).

⁹ Headings suggested: 1. phenomena towards which action and interaction are directed; 2. causal conditions leading to the occurrence of phenomena; 3. attributes of the context of the phenomena; 4. intervening conditions of influence; 5. action and interactional strategies of actors; and 6. consequences of actions and interactions.

2.5.3 Constant comparative analysis

The constant comparative method is a dynamic, non-linear process. Comparisons are made between data and data, data and categories and category and category (Charmaz, 2006). The researcher looks for similarities, differences and nuances to create a more abstract understanding of the data (Tweed & Charmaz, 2012) and to link and integrate categories so that all data variation is captured in the final theory (Willig, 2006). The process also includes a constant search for negative cases or falsifying evidence that would refute the developing categories and theory so that the final theory is clearly grounded in the data and can account for each participant's data (Bowen, 2008). This comparing and contrasting is an important aspect of maintaining analytic distance.

Line-by-line coding was completed for the first six interviews. This enabled me to begin the comparative method, comparing data with data and with tentative categories, before the next wave of participants was interviewed. After the first few interviews in each wave interview schedules were adapted, based on participant suggestions and initial coding and analysis (see Appendices L & M). Charmaz (2006) likens the refinement of interview schedules to a camera with many lenses, first taking a broad sweep of the landscape and subsequently changing the lens to bring scenes of interest closer into view.

2.5.4 Theoretical sampling and saturation

Grounded theory relies on theoretical sampling – the collection of additional data in light of categories that have emerged in earlier analysis (Willig, 2006) through the recruitment of participants with differing experiences of a phenomenon (Starks & Brown Trinidad, 2007). Analysis and recruitment of participants were carried out simultaneously in the current research; as I developed the analysis, I consulted with the site supervisor to identify potential participants who were likely to have had a differing

experience. Barker et al. (2001) note that sampling for heterogeneity serves the comparative function of a control group in traditional research, and is important for establishing the limits of our results. However, sampling was constrained by the need to conduct the research within the risk management procedure; therefore, negative case examples of young people who had not engaged with the service or had not found it helpful and discontinued their contact could not be recruited. This limitation is important to acknowledge.

Theoretical sampling is one way of achieving theoretical saturation – the point at which more data does not add further variability to categories. However, researchers disagree on the meaning or even possibility of theoretical saturation (Charmaz, 2006). Dey (1999) suggests theoretical sufficiency as an alternative to saturation, defining sufficiency as the point at which the researcher can generate categories that explain the data sufficiently without forcing it into a framework (Charmaz, 2006). M&C is a small and relatively new service and the nature of service users means there was a limit to the possible number of participants, so theoretical sufficiency was selected as a research goal rather than theoretical saturation.

2.5.5 Memo-writing

Memo-writing is the process of keeping written records of theory development throughout data collection and analysis (Willig, 2006). It assists the constant comparative method, capturing thoughts, hunches, interpretations and decision-making, and also provides an audit trail of analysis (Tweed & Charmaz, 2012). There is no specific method to memo-writing but Charmaz (2006) suggests using memos to develop codes into categories. Early memos are tentative, exploratory and filled with questions; later memos are more precise, abstract and conceptually robust (Tweed & Charmaz, 2012). Memos can focus on relationships between theoretical categories or analyse a single category (see Appendix N).

2.5.6 Example of the iterative process

As stated, these processes are used in an iterative and rather circular manner in GTM. For example, in the line-by-line coding of interview two I assigned the initial open codes 'going along with friends' (in relation to the first contact with M&C) and in-vivo code "they escorted me, helped me" (in relation to professionals taking a young person to a housing service). Through comparing participants' accounts of their experiences using the constant comparative method and memo writing, I constructed the focused code 'buffering transitions with trusted relationships' to bring together these and other initial open codes. Through the development of a number of focused codes and the continued use of memo writing, I constructed categories at a higher abstraction again (in this example, constructing the category 'Using Trust As A Resource For Change'). I then looked to describe how these categories could be proposed to relate to each other, which was facilitated through axial coding under the heading 'causal conditions leading to the occurrence of a phenomenon'.

2.6 Reflexivity

Taking a critical realist perspective assumes that complete objectivity is impossible; what is drawn from the data collected within a specific context will be influenced by my particular standpoint. It is, therefore, important to incorporate steps into the research process that facilitate considering how my position has shaped the products of my inquiry, that is, to engage in 'researcher reflexivity' (Willig, 2006). Reflexivity involves acknowledging and, where appropriate, explicitly reflecting on the influence of the researcher's own perspectives within the analysis (Chamberlain et al., 2004). There is no set format for how reflexivity is considered (Willig, 2008). As recommended by Charmaz (2006), I kept a reflexive journal and liaised with the YRC to check my assumptions, discussed further in Chapter 4.

2.7 The researcher's position

The researcher's background, beliefs and assumptions are made explicit in the research, so that they are situated in context and their interaction with the data and analysis can be considered (Henwood & Pidgeon, 1992).

I am a white Australian female. I was raised in a rural community where local indigenous people experienced huge poverty, racism and social exclusion. A community of homeless aboriginal people often camped in the laneway outside my home. I was struck by the ability of people to walk past without seeming to see such highly visible needs. I imagine this community might be labelled by services as 'hard to reach'. I spent my adolescence in an all-girls' boarding school; I was not involved with a gang and never knowingly came into contact with a gang. I acknowledge how different my adolescent experiences were to those of the young participants, and was, therefore, very open with them about this. Studies in politics and history, particularly focused on totalitarian regimes, have reinforced my belief in the dangers of 'turning a blind eye' and my desire to work in social policy. I have worked as a communication consultant for the UK's Ministry of Justice, focusing on developing cross-departmental positions on youth crime and justice. I noticed how young people involved in offending were constructed very differently in governmental communications, depending on whether the agency involved was focused on prosecution, sentencing or rehabilitation, and how potent media constructions of young people could be, and the impact this had on social perceptions. I was particularly struck by the fact that many adults fear young people, yet it is young people who are overwhelmingly the victims of crimes committed by young people. I was reminded of this when I was introduced to Freire (1970) in my clinical psychology doctoral training, and encountered his formulation of oppressed people 'internalising' their oppressors, and becoming oppressive themselves, and felt drawn to learning more about community psychology approaches. I have spent three years training as a clinical psychologist and therefore acknowledge that this will influence what I notice and the way I think about what I hear.

CHAPTER THREE: ANALYSIS

This chapter describes the critical realist grounded theory constructed through the analysis process, “Opening up: A model of the processes of positive change at M&C”. In interviews asking about the helpful and unhelpful aspects of M&C, all young people interviewed stated involvement with M&C had led to what they felt was positive change in their lives. It is acknowledged that the young people who participated were recruited through M&C, and therefore there may have been a selection bias influencing the data collected. This is discussed further in the Discussion chapter. This model proposes one way of understanding the factors and processes that facilitated the positive change for the participants interviewed. It is acknowledged that the model conceptualises a change process, and therefore the model focuses on aspects of practice relating to change rather than a comprehensive account of all processes occurring at M&C. Analytic distance was maintained through the application of GTM techniques outlined in the preceding chapter.

The model will be introduced in diagrammatic form, and then discussed in detail, with constituent elements delineated, referring to the data from which they were constructed.¹⁰ Participant comments are identified by participant number using prefixes YP (young people) and MP (M&C professional).¹¹ Codes, subcategories and categories are presented within single quotation marks, and in-vivo codes with double quotation marks. Categories and subcategories are presented in bold text. Focused codes are underlined.

¹⁰ For ease of reading and to protect anonymity, some verbal fillers (e.g. “um”), repetition and distinctive turns of phrase have been removed from quotations. However, I have aimed to retain the distinctive voices of participants, as I feel it is important for research to reflect and include all voices. Omitted text is represented with [...].

¹¹ Young people often refer to the Music and Change project and staff as “MAC”.

3.1 The Grounded Theory Model

One core category (**“Opening Up”**) and five underlying categories (**“Road Life”**, **“Testing the Waters”**, **‘The Transitional Space’**, **‘The Triangular Attachment Relationship’** and **‘A Preferred Future’**) were constructed. Each is comprised of sub-categories, constructed from grouping focused codes. In addition, two theoretical codes were constructed: **‘Taking the Time it Takes’** and **‘Using Trust as a Resource for Change’**, which interacted across all categories.

Sub-categories and focused codes for each category are presented in Appendix O.

3.1.1 *What is positive change?*

To avoid imposing pre-existing concepts onto the data, I did not pre-define ‘positive change’. Instead, young people were asked variations on: “have you found being involved with M&C helpful, and if so what has been helpful?”; and, “have you changed since being involved with M&C, and if so how?”¹². Professionals were asked for their opinions on what helps young people. In addition, YP1 advised I ask young people, “what would life be like if M&C didn’t exist?”; “what does M&C give you that no one else does?”; and begin interviews asking young people to explain how they became involved with M&C. This opening led to all young people spontaneously speaking in positive terms about their involvement.

Analysis of the resulting data constructed a conceptualisation of positive change and the processes and factors that support it in the core category **“Opening Up”**.

¹² Some young people’s early interview comments effectively answered these questions, so they were asked for any other examples or things that support positive change.

3.2 “Opening Up”: the processes of positive change at M&C

YP4: At first I was a bit apprehensive, because I didn’t know who they was. But over the weeks I kept on seeing more of them and I learned that they are alright people... and I started opening up.

The core category, “**Opening Up**” [YP3], details my understanding of positive change for young people involved with M&C as an “**Opening Up**”: of future possibilities, of contexts for action and interaction, of access to material and social resources and opportunities, of the self in relationship and of ideas about the self and others.

This is presented diagrammatically below in Figure 1, and deconstructed further in Figure 2.

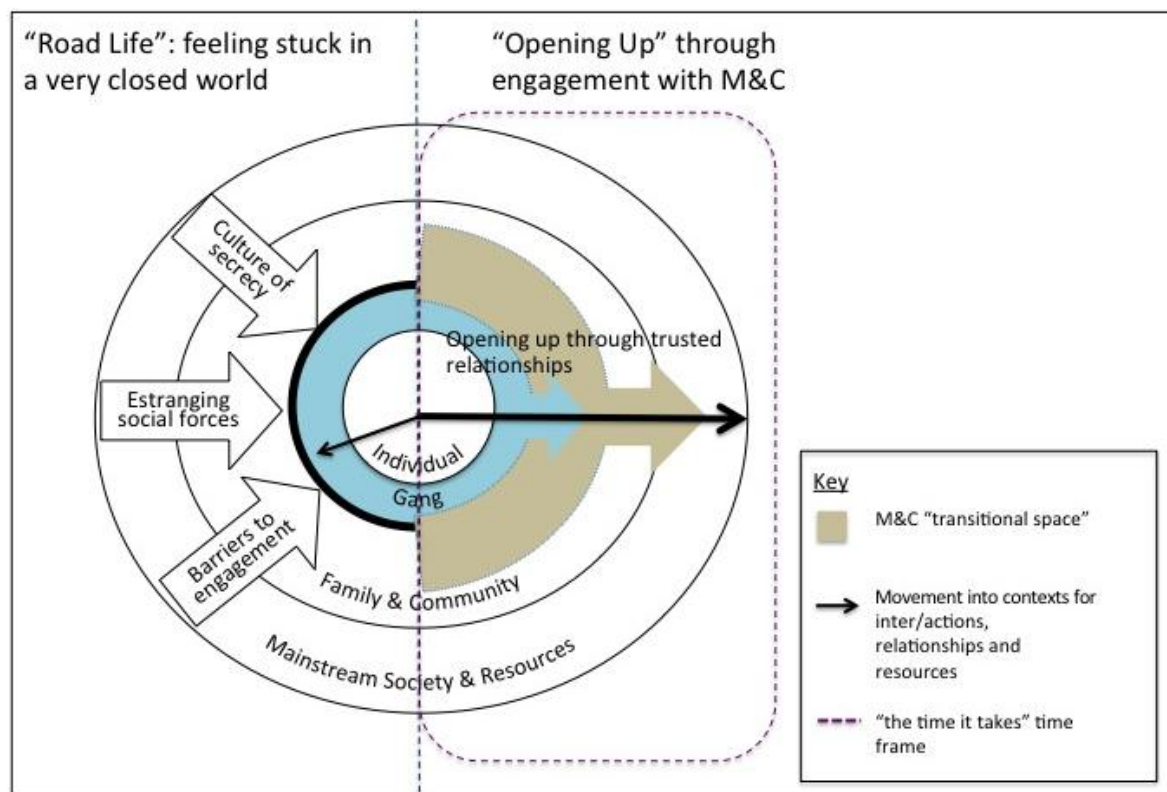


Figure 1: Positive change as the opening up of the young person's contexts through using **'Trust As A Resource For Change'** and within the timeframe **'Taking The Time It Takes'**.

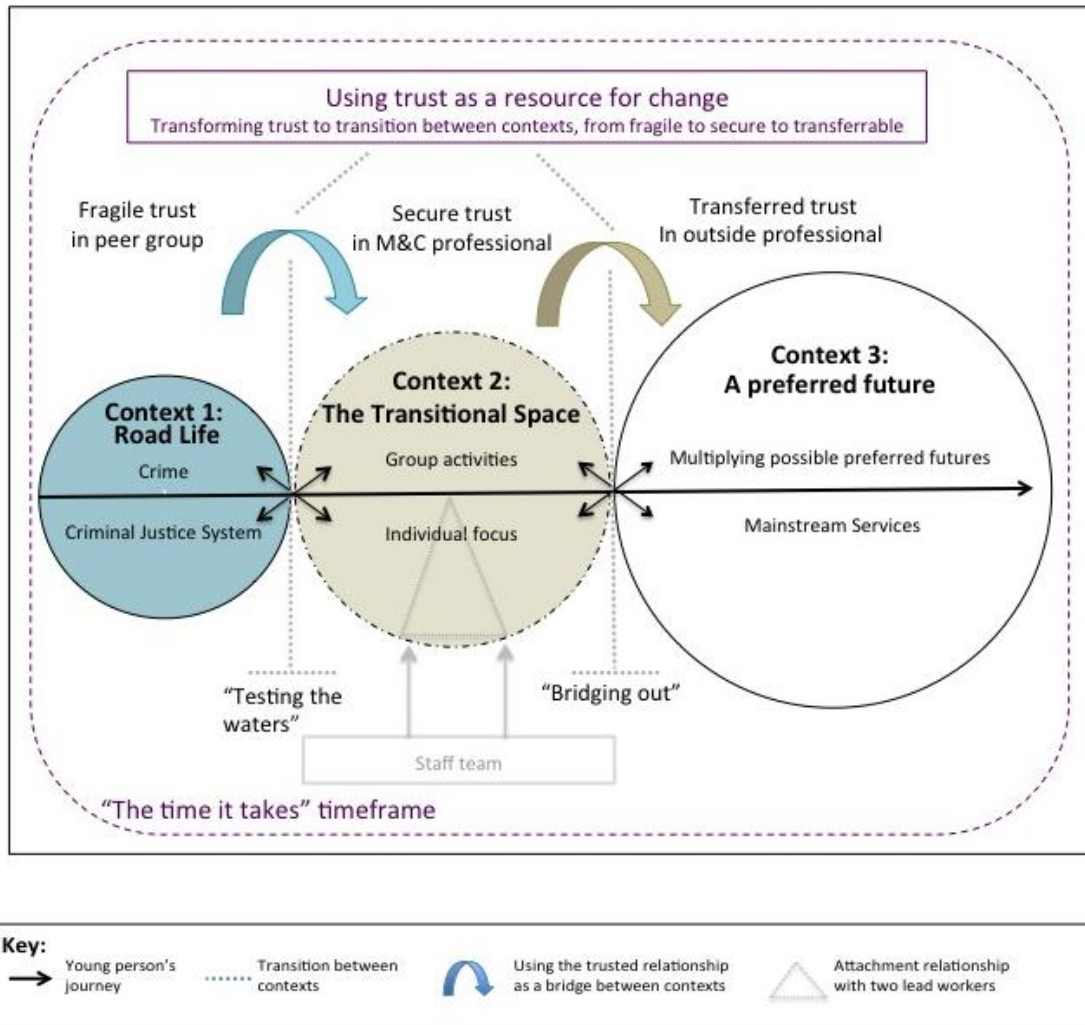


Figure 2. Showing the transition between contexts as positive change for young people, drawing on 'Trust As A Resource For Change' within the timeframe of 'The Time It Takes'.

"Opening Up"[YP3] as the core category overarches the other categories in the model. Together they describe the central processes of positive change, which involve young people transitioning out of a limiting context into more enriching contexts. Contexts are defined as the conditions within which resources and relationships occur and particular actions and interactions are afforded. Young people begin in the context of what MP2, who was previously a young person who moved on to employment with the project,

referred to as the “very closed world” of “**Road Life**” [YP1, YP5]¹³ and move into a ‘**Transitional Space**’ that opens up new possibilities for their lives.

This ‘**Transitional Space**’ is defined as the period of involvement with the M&C project, and includes the physical spaces, activities undertaken, opportunities offered and accessed, relational experiences (as a group member and as an individual), and affective states experienced during involvement. The young person may move through this transitional space into a third context of ‘**A Preferred Future**’, which may include mainstream services or resources not previously accessible to the young person. Positioned between “**Road Life**” and ‘**A Preferred Future**’, the ‘**Transitional Space**’ occupies a cultural space which equates to the ‘gap of social exclusion’, where the ‘culture of secrecy of road life’ and ‘estranging factors’ such as racism, poverty, and discrimination reinforce the young person remaining within the context of “**Road Life**”. For M&C professionals the ‘**Transitional Space**’ also represents a ‘thought about space’, in which young people who are often ‘hard to reach’ in person are consciously and frequently brought to and then held in the professional’s mind.

There is not a distinct moment of entry or exit into the ‘**Transitional Space**’; rather there is a potentially very extended period in which the young person is “**Testing the Waters**” [MP3] remaining on the threshold of entering the service in a state of pre-engagement, and a “bridging out” phase of moving into preferred future contexts, during which professionals report ‘consciously “stepping back”’ [MP4].

The processes described are often not linear, with young people potentially moving back and forth between the contexts of preferred future, involvement with M&C, “**Road Life**” or possibly custody, or disengaging with the service possibly because it is unacceptable, unhelpful or for other reasons. These exits and different trajectories are

¹³ “It’s called ‘roads’ or ‘streets’ cause that’s where we are. Outside. It’s a lot of chilly nights.” [YP5]

represented by backwards arrows in Figure 2. Therefore, the overarching condition of **‘Taking The Time It Takes’** is an important and necessary condition facilitating change.

3.3 Theoretical codes

The theoretical codes **‘Taking the Time it Takes’** and **‘Using Trust as a Resource for Change’** are discussed throughout this chapter, in terms of their influence on each of the five categories.

3.3.1 *‘Taking the Time it Takes’*

‘Taking the Time it Takes’ is a construct that refers to the service’s acceptance that working with young people will require extended periods of time, and that contacts may be intermittent and inconsistent. The core axis of this category is “time pressure”, extending between ‘allowing things to take their own time’ and ‘being too late’ – an understanding that there are “different trajectories in terms of offending and if you become chronic offender it happens in your early twenties. If you carry on offending after that you are on a path to permanent in-and-out of prison” [MP4].

3.3.2 *‘Using Trust as a Resource for Change’*

‘Using Trust as a Resource for Change’ refers to the use of trust, developed within the context of relationships, to facilitate change. Trust is transferred and transformed across relationships, as social networks are opened up. This begins with the “fragile trust” [MP2] in the pre-existing relationships in the peer group. Young people reported caring for each other, which was sometimes felt to be a heavy burden, but also noticing that their friendships could be unreliable:

YP5: people may say – road friends – that they’re real friends, but they’re not. They’re not going to help you when you are down, they’re not going to do

anything to support you[...] you notice when you've got money, a lot of friends start coming around.

YP1: I feel that out of my friends I've grown up and they're still stuck in the cycle and it really hurts me [...]I want to see all my friends be not be living this life.

Young people are accompanied by trusted peers when first encountering M&C; a process of **'buffering transitions with trusted relationships'**. Over time, they may come to trust M&C professionals and might then be accompanied by trusted M&C professionals when entering mainstream contexts such as job interviews or health services. This means young people do not have to enter new contexts alone.

MP6: I can think of numerous examples where a young person has got to appointments because they trust staff enough to go with them and support them through that, whereas otherwise they just wouldn't have gone.

3.4 "Road Life"

This category conceptualises **"Road Life"**, the context young people described living in when they came into contact with M&C. Young people's descriptions of current experiences compared to descriptions of previously living **"Road Life"** provide a baseline from which achievement of positive change can be assessed.

3.4.1 Feeling hopeless about the future

Young people and professionals described a context of fear, paranoia and violence, in which loss and trauma are repeat experiences, young people 'live in danger' – with the very real possibility of being murdered – and describe **'feeling hopeless about the future'**. The opportunities to access resources or improve your circumstances in **"Road**

Life” that might lead to hope for the future involve illicit activities and, therefore, are high risk, psychologically, physically and socially:

YP1: I lost one of my friends to a stabbing not too long ago, he got murdered, stabbed, killed him there and then. He was 19 years old, he ain't even started his life, but this is the world we live in.

YP3: Cause before I didn't really, if someone said to me, like “where can you see yourself in five years' time?” To be honest, I couldn't. I'd probably say jail, that's the realness, jail or seriously hurt or worse, innit [...] I've told the judges, like, “send me jail, there's no point, just send me jail.”

3.4.2 Being estranged from the mainstream

A negative cycle of crime and custody is difficult to break, as young people become '**estranged from the mainstream**' by being excluded from education, by being rejected because of criminal record, by being stereotyped and by not accessing social resources.

YP5: Some guy came up to me today in the morning, I was on my way here [to do job applications], said to me, “oh you sell weed?” and I was like “nah, I don't sell weed”[...] Obviously, just from how I look.

YP1: Do you know how many interviews I went before that? Twelve. And every single one of them I told them I had a criminal record and what did they do? They refused me. That one where I said I didn't, they gave me the job. In-stant-ly gave me the job.

Living in this context can lead to being socially isolated as being involved in criminal activity requires a degree of secrecy and gang rivalry can mean those who are close to gang members become targets to get at the gang member. This means it can become

harder to connect with others who do not live “**Road Life**”, including family and friends, and this may negatively impact identity:

YP3: cause I don’t want to be seen with my mum and then these boys thinking, “right”, and then obviously that’s put my mum in trouble you know what I’m saying.

YP5: in this life, the street life, most people that are streets, they smoke weed or they drink... to get out of their minds [...] like, certain people need it cause they’re lonely.

Older role models were described as absent (often in prison) or manipulating “youngers” for illegal purposes, in exchange for physical and financial security:

YP5: the older lots to us, they wasn’t helping us. All they used to do is try to tell us, “go do this, go do that”, everything was criminalised [...] Like my older brother was always in prison so he never had the chance to show me the goods and bads.

YP1: Me and my friends it was five of us, not one of us had a father figure. So we are learning how to be a man off each other.

3.4.3 Having negative ideas about professional help

The stigma of gang membership and culture of secrecy and “fragile trust” MP2 had experienced within the gang mean that seeking help from professionals is rarely practised or encouraged. YP1 notes that “with young people it’s all about strength and cockiness”, which may make asking for help more unacceptable. MP5 notes that “most people will have had [...] pretty negative experiences with professionals” and MP4 noted that most “wouldn’t have contact with professionals apart from potentially the criminal justice system”:

MP5: even if somebody gets stabbed it doesn't mean they are going to go to the hospital, because they don't want the police to know, so they might go to somebody local to get fixed up, or they might just leave it.

MP5: [help-seeking] is usually a crisis situation [...] I know young people who have purposely got themselves locked up [because they needed] somewhere to live. Shelter and food. And also safety.

Therefore, before encountering a M&C professional, the young person may have established negative ideas of 'help' and 'helping professionals', informed by many layers of their context, including socio-economic and class position, personal history, their community on the housing estate and experience of being associated with a gang. Young people may also have a way of seeing themselves (as 'not needing help' or as 'beyond help') and expectations of how professionals see them (as beyond help, as a bad person, or as a suspect requiring surveillance):

MP2: [When I was a young person] I was quite a hothead. I didn't really consider myself to need help or anything like that. I was quite firm in that belief.

MP4: they struggle to think about themselves as vulnerable.

YP2: most like um, like youth clubs they don't want to waste their money on us. They think, "ohhhh, yeah, these guys are already finished".

These preconceptions may form significant barriers to engagement with a helping professional. Overcoming these barriers is, therefore, a necessary condition for the young person to receive help. These barriers are not overcome at a single time point, and there is a distinct and potentially extended phase, during which professionals focus on overcoming barriers to engagement and the young people may maintain an

ambivalent stance regarding involvement with the project. This process is described in the next category, “**Testing the Waters**”.

3.5 “**Testing the Waters**”: The processes that precede engagement

This category “**Testing the Waters**”, describes a specific phase that is a necessary precursor to achieving positive change at M&C. During this phase, several processes occur that move young people towards positive change. ‘**Taking The Time It Takes**’ is highly influential on this category, as these processes were reported as spanning up to three years. The dimensions of “**Testing the Waters**” include: being ambivalent – reaching a point of engagement; being blocked by barriers to engagement – overcoming barriers to engagement; not knowing each other – beginning to see each other; coming as part of a group – coming as an individual; and being in control (YP) – giving over control (MP).

3.5.1 *Overcoming barriers to engagement*

3.5.1.1 *Feeling ambivalent*

All young people reported ‘feeling ambivalent about getting involved’ when initially coming into contact with M&C, and all participants talked about barriers to be overcome in order to work together, including “not-knowingness”, both sides “making assumptions” about the other, being from different backgrounds, “needing to build trust”, “sudden separations” such as going into custody, “stigma of mental health” and “changing help-seeking behaviours”.

3.5.1.2 *Being in control*

While in many important ways professionals are more empowered than young people at the project (such as ultimately controlling finances, procedures and policies), ‘young people are in control’ of the frequency and the nature of contact they have with M&C,

and this is facilitated by the lack of time pressure on both professionals and young people, and seemed an important aspect of overcoming the barrier of ambivalence.

MP3: There isn't a clear beginning or end at all[...] they can kind of test the waters a bit for a while and decide that it's not for them.

MP5: there probably wouldn't be an appointment but it would be more of, so "yeah, we're going to be at a particular location for the next couple of hours, if you want to, drop by.

Young people exercise this control and disengage with the project, and they also hold power in that they can influence whether other young people continue to come to the project or not:

MP4: well this young person said, "oh I'm not coming anymore" and they didn't. [And sometimes there's] kind of, "oh we are all going to stop coming and we are all going to tell everyone else not to come anymore"... It's an aspect of peer referral. They can unrefer.

3.5.1.3 *'Being visible, accessible and different'*

A necessary condition of professionals being seen as helpful is firstly to be seen. This requires 'being visible, accessible and different to other professionals', and this is achieved by physically being present in the young people's spaces and participating in activities together (for example, going to the gym or going paintballing together):

MP1: we're not saying, "come to our activity, this is our space in which you are a guest. We are saying, "we are going to come to your space and we are going to interact with you on your terms in your environment". That's a big part of phoning a young person and saying, "where do you want to meet?" rather than "this is our address"...

YP6: But yeah, they are different. Because I used to go to this other youth club but they're hardly open. This, this is open, like every day of the week. You know you can easily just come in and have a chat, do whatever and like it's always there. And they give you their numbers as well, so if there's anything wrong or you need someone to speak to, you can speak to them, you can give them a call and that.

All of the young people described a friendly welcoming approach from M&C professionals on their first encounter. Young people may experience this as suggesting M&C "see" young people differently and more positively:

YP5: They're not afraid to interact with you. That's what it is. A lot of teachers will see you and walk past you. If I see MAC anywhere, they'll come over, have a nice conversation[...] we can all have jokes together and stuff like, these lot got sense of humours. But a lot of organisations, they're fake.

All young people reported that the difference to other professionals was important to them opening up to professionals. This is achieved by the professionals' stance of: being informal, welcoming and respectful; engaging in non-outcome oriented activities; being flexible and accessible (for example, providing young people with a mobile telephone number); being non-judgmental; listening and not pushing for information; and asking for help developing the project, positioning the young person as help-giver and professional as help-seeker.

YP6 noted that he appreciated professionals' efforts to "build trust" with him, and this marked them as different:

some people just want to know everything like straight away without knowing you, so, it's alright, cause they (M&C) get to know you and then they build the trust.

3.5.1.4 *Being supported by the team to maintain the stance*

Team members support each other to remain non-judgmental, professional and boundaried while they work in flexible and varied ways. While some comments suggested this is not always achieved, professionals did not elaborate on when or why this does not happen. Professionals reported that when this is achieved, it is through supervision, team thinking and the constant creation and updating of policies by the whole team (and sometimes with young people) and “scripts” (outlines of what to say in challenging circumstances) to guide practice:

MP1: we try and maintain a non-judgmental stance. If a young person decides to start smoking cannabis with us or near us [...] we wouldn't say, “put that away, smoking cannabis is bad”[...] We would say, “the worldview”, is the phrase we use, “the worldview is that cannabis is illegal, I'm working in a professional context and if you are doing that then I can't be with you, so one of us needs to leave this situation.”

This consistency supports positive contacts so that the young person continues over time to make contact with the service, a process of gradually opening up to the idea of getting involved with helping professionals, and supporting the development of trust:

YP4: They never change. They are always how you first met them, nice. They never have no bad days or anything. The worst is that they are ill with a cold, sneezing, with a runny nose.

3.5.2 *Sensing, sense-making and adjusting behaviour*

Both sides are engaging in processes of sensing the other in this phase; and adjusting their behaviour in response to the sense they are making of the other. Being different may increase young people's uncertainty regarding professionals initially:

YP4: It was a bit awkward like, with these people coming into like, like a very a bad area, it just didn't make any sense[...] You don't really see people, like middle working class, in a bad area coming to socialise with young people.

YP4 describes how, despite this, the respectful stance of professionals, different to his previous experience, led to him "opening up":

R: So how did you learn they were alright?

P4: Just the way they were around. The way they treated us, like with respect and that. They wanted to know what we wanted to do with ourselves. And like they were willing to give us a chance and you don't really see that where we are from.

Young people describe adjusting their behaviour as they get to know the team:

YP3: the more times you come in the more you start feeling relaxed.

YP2: that first year, I didn't know actually how much I could do with these people [...] for instances you just want to go out for a chat and that, they'll take you out for a chat, and at first I thought they were just in youth club on this day, and then I thought, "oh you can go and meet them and that", and that's when I started talking a little bit more.

3.5.2.1 Formulating fragments and adjusting behaviour

Professionals bring together the fragments of information they have about a young person to try and formulate and make sense of their world, so that they can identify ways they might be helpful or ways that young people would prefer to interact. They report paying close attention to the young person's reactions and responses and trying to understand what they might be thinking, which some professionals referred to as "mentalising":

MP1: So you begin to develop a pattern, a big picture of what's going on for this young person[...] hopefully then after a period of time, you start to build a knowledge-base.

MP5: he's highly suspicious of anything that we ever do, but yet he turns up every week. So I was just having conversations with a colleague, "oh that cooking apprenticeship looks really interesting", and his nose would turn up and I'd be like, oh okay, not cooking, okay so what about plumbing and his expression might like, slight interest...

MP3: you're just attuned, you're trying to be aware of how that person is in that situation. We were intentionally trying to make a light atmosphere because we had been speaking about things that felt very heavy and we had noticed in the past when he had opened up a lot he found that very difficult and [then] really distanced himself.

MP9: There is something about, um, trying to really slow things down and think about what might be really going on rather than taking what they are saying at face value. A real thoughtfulness. It doesn't always work, but I think when we are working better that is what is happening. Mentalising their position. Having conversations with them around kind of what your thoughts are, what you think might be going on, how you are feeling having the conversation...

MP5: ah the attempts to talk face-to-face, it's just painful. [...] sometimes just standing at a wall with somebody when they are kicking football and throwing a coin, not looking at them, is much more useful.

3.5.3 Beginning to 'see' each other

By the end of this phase, the young person can be considered to have engaged with the service, as their view of the professional opens up to 'seeing the professional as an

individual' and as 'potentially helpful'. Young people report that through on-going contact with professionals they come to a point where they realise the professional's "heart is in the right place" [YP1] and that they "genuinely want to help" [YP2], suggestive of a mentalisation of the professional's position. In response, the young person begins to show more of themselves to the professional, and may ask for help. Asking for help is supported by the process of learning what M&C is and does. Because the service is guided by what young people request, this is a necessary pre-condition of being able to help:

YP3: if I feel pissed off I can go to [professional], she knows how to calm me down. When I want mutual chats about football I can go to [professional]. Basically if they have any opportunities to talk to MPs, things like that, I will always go to [professional]. So basically it's like a box of celebrations.

MP4: there are moments where [...] they suddenly got the fact that you seem to really care about what is happening to them, where they are, you've noticed that they are not there or that something is really difficult.

YP3: when you start coming, like young people, they're not really themselves [...] Now when I'm in the office I can walk in singing, I don't care. Like before I wouldn't do that, I would be a bit embarrassed to do that, but now they know who I am.

*3.5.4 Interaction with the category **'Using Trust As A Resource For Change'***

3.5.4.1. 'Buffering the transition with trusted relationships'

Young people access M&C through an introduction from peers already involved. This draws on the 'looking out for each other' dynamic in the gang. This enables young people to come into contact with the service as a group member, rather than as an individual, often choosing a 'bystander' rather than 'participant' position. Young people observe that their peers trust M&C professionals, and having faith in this trust, consider

that it is possible that they might also come to trust the M&C professionals. Therefore, this 'trusting my peers' trust in M&C' brings young people in while protecting them from feeling exposed or vulnerable, as they have not yet built their own trust in the service:

YP4: I'll be like, "I'm going to MAC" and they'll be like, "What's MAC?" and I'll explain it to them[...] They, if you want to do something, they actually help you. You can go there, chill, this is where everyone is."

YP2: they was like "yeah we are going on this trip", so I thought, "Yeah let me come."

3.5.4.2 Building trust contributing to "overcoming barriers to engagement"

All of the young people discussed needing to decide that they can trust professionals, suggesting it is a necessary pre-condition for engagement. YP1 describes positioning himself "sitting outside the youth club", feeling ambivalent:

YP1: I didn't want to join with them straight away. Because of the fact that I don't know them. And everything with young people is about building trust [...] If they don't trust you, they're not going to tell you, they're going to feed you a pack of lies, and that's how it is.

Many factors build trust, including trusting others' trust, growing trust through "getting to know each other" over time and engaging in different contexts together, the employment of ex-gang members as professionals and seeing that the project was founded with, and is co-constructed alongside, young people:

YP2: I just first come here and everyone was all smiley and that, obviously I didn't know them and I just thought they were strange, but everyone else that went to youth club more than me, everyone there was like, "yeah, these people are cool".

YP3: if MAC never had a worker like that in here I reckon I wouldn't trust MAC as much as I do now. Cause I see someone that's been there done it working with them and it's like, you know what, I can actually trust them.

YP1: There's some companies that yeah they might offer you that support but their heart is not in the right place. I feel that MAC's is in the right place because they built it from the foundation to help young people, and they have.

A crisis may lead a young person to reach out to professionals before they have had time to develop a trusting foundation. Responding in a supportive and sensitive way to this "leap of faith" can build strong trust rapidly, and this requires the organisation to allow professionals to work flexibly and reactively according to the young person's need, for example to stay with them and provide supporting statements during a court procedure which can be very time consuming (interacting with **'Taking The Time It Takes'**):

YP1: coming to court, it shows so much. For a young person to think like, "this person has come and literally stopped me from going to prison".

YP2: [having been made homeless] I was outside, yeah, in the cold. I just thought, "forget it, let me text, I'll just text her" yeah. And then she just answered at like at six in the morning.

R: How were you feeling when you texted her?

YP2: I was just feeling kind of embarra... I was just feeling, I was feeling like "ahhhh" [shaking head].

*3.5.5 Interaction with category **'Taking The Time It Takes'***

Having the time to build up trust requires an organisational policy that supports investing in this **'Testing the Waters'** period, without expectations of the delivery of formal,

structured mental health interventions. Professionals highlighted that having permission at an organisational level to invest this time had resulted in young people requesting help long after first encountering M&C:

YP1: it took time - it wasn't something that, "Yeah, hi" and then the next day I went and met her and then we moved forward.

MP6: They can spend a year and a half talking about FIFA, and the year and a half having had conversations about nothing particularly significant would then mean that they are able to open up about something more difficult.

3.6 'The transitional space': An attractive, dynamic, temporary space

This category describes the characteristics of the '**Transitional Space**'. Key characteristics of the category include: prioritising young people – putting professionals' plans second, being attractive, dynamic, resource-laden, and temporary. Being attractive to young people is a necessary condition to engage them with the project, as they are in control of whether and how they have contact. As MP3 comments: "as long as they are coming back it is working". Dynamism is important in modelling the possibility of change for young people feeling stuck and hopeless. The characteristic of 'temporariness' interacts in tension with the category of '**Taking The Time It Takes**'. The '**Transitional Space**' should be temporary, because its function is to transition young people into the mainstream. In addition, it must contrast to the stagnant nature of '**Road Life**', so movement and progress is important to maintain. This tension is managed through interaction with the category "**The Triangular Attachment Relationship**" described later in this chapter.

3.6.1 *Being attracted to a positive, dynamic space*

YP2: Everyone's all jolly and hap- I always ask them, "Why are you lot so happy?" I say, "What are you lots doing?" [...] Everyone's always smiling, like teeth! I always see teeth! [Laughs] Trust me!

YP5: we go gym together, we have laughs, we come here, we get some food, we chill out, we do some applications. You can mix pleasure and you can mix business in at the same time.

Many different factors contribute to the attractiveness of M&C to young people and, therefore, to the processes of positive change undertaken within the project context; these are discussed below.

3.6.1.1. *'Oh, and we do mental health'*

Unlike traditional mental health services, defined by a focus on psychological distress, the '**Transitional Space**' is not a problem-defined space. In contrast, it is a dynamic space, with a shifting focus between playful, purposeful and productive activity. YP1 felt that the balance was usually about right – that young people know where to go when they need mental health support, but that this should not feel like the main focus. This suggests that if the balance became too weighted towards mental health the project may become unacceptable to young people. It seems possible that having mental health professionals such as clinical psychologists involved in many kinds of activities alongside young people prevents these professionals from being exclusively associated with 'mental health problems'. Consequently, contact with these professionals is not exclusively associated with having a mental health problem, yet the possibility of asking for psychological support is always there:

MP6: there might be ten times of you offering help to build a CV but then there might be one crucial time when actually it does become more mental health focused, and you think, “oh that’s why I am working in this way.” It does often come back to mental health.

MP5: Because we work in the community there’s a different sense of spending time with people. It’s not just one hour in a room with an expert. It’s ‘somebody’s playing football with you but they also know some stuff about stress or sleep and it’s actually kind of useful’. It’s kind of like an indirect approach as well.

This interacts with the category of **‘Taking The Time It Takes’**, in that these moments of opportunity can be intermittent, and maintaining contact with the young person in between is important to enable them to feel comfortable asking for help.

3.6.1.2 Having a sense of ownership and belonging / to a safe, comfortable space
Young people report feeling safe, comfortable and “at home” in the spaces M&C uses, a positive change for young people in itself. This is supported by it being easily accessible, and not appointment-driven. It also supports taking risks and trying something new, which can be trying a new activity or opening up to a new relationship:

YP5: being here, I’m comfortable. I treat this like it’s my house.

R: what would life be like if there was no Music and Change?

YP5: Aaaaaaaaah. That’s gangs! You ain’t got somewhere that you can go, like feel free, and feel that there’s no drama. Pphhhwwwwww. That would be stress, man, I’m not going to lie, I wouldn’t like to think of that, that’s bad.

The reliability and accessibility of the project can lead to what professionals described as developing “an attachment relationship to the project” [MP5]. This influences the on-going development and thickening of trust, linking to **‘Trust as a Resource for Change’**. MP6 states that, “I think there is a sense of belonging” and this is supported

by YP1's choice of the word "join" when he says, "at the beginning I didn't want to join with them straight away", suggesting a sense of membership:

YP3: the main thing that I started to trust them through is it's all about the young people. It's around young people, so they let the young people decide what's going to happen[...] Here, whatever the young people say they take in consideration, they listen to the young people [...] They will have interviews with the workers. And then they'll get young people to interview them as well.

However, despite the focus on shared ownership, professionals acknowledged that power is not equally shared between professionals and young people. For example, professionals have access to information, to organisational processes and to organisational spaces that young people do not:

MP6: sometimes having to tell young people that we don't have staff in the office to see you, their reaction is like, "it's not about your office, this is our space."

MP5: Whether or not they think things will ever end I don't know. And that has always felt a bit difficult to me, because of how it is set up as being theirs as well. But they don't do the funding bids so they don't know often – we are as explicit as we can be about it – but that funding will end. And that if we can't get more funding then that is the end of the project and what happens then?

MP5's question suggests that the decision on how transparent professionals can be remains with professionals, and highlights the potential negative impact on young people involved in the project should an end to funding not be managed effectively with young people.

3.6.1.3 *Being a VIP in the space*

YP6: when you come here it's like it's all about you, innit.

Professionals consistently ask young people formally and informally for critical feedback [MP1]. Young people noted that they feel respected and warmly welcomed, contrasting with their accounts of their experiences in society and with other professionals. Again, in itself this is a positive change for young people, who report positive feelings in response to feeling prioritised. This may have an impact on how they see themselves; it also encourages further contacts and, therefore, opportunities for further positive change:

YP4: They work around you and make sure everything fits comfortably into what you have to do.

YP5: They're in my life now! See, cause they got me tickets to see my first ever concert – and it was Jay-Z! I'll never forget them. I can't forget them! Cause that's the only concert I've ever seen!

R: Why do you think they're [professionals] so happy?

YP2: I don't know. [bashful] [professional] says it's because she's happy to see me. I say, "leave it". I say, "ohhhh, yeah".

YP1: I just come in today and two people were so happy to see me, it makes me happy inside.

3.6.1.4. 'Evolving and re-co-creating'

Because projects are developed by young people, based on their ideas, the space is constantly evolving and in a process of re-co-creation. This creates an atmosphere of possibilities, in which young people see their ideas come to life, in contrast to the

context of “**Road Life**”, which is either stultifying or high risk. The staff philosophy, quoted several times, of “everything is an opportunity” supports this openness to creativity and focus on helping young people to introduce new ways of ‘being’ into the project. As MP4 notes, this means “they help the project and they help themselves along the way”:

MP1: if they say, “I want young people to be in control of the organisation’s finances”, we might say, “That’s a really interesting idea. Why don’t we think together about how young people can be more involved in the annual budget? How about we set up a meeting with our finance manager?”

MP4’s comment highlights that despite being empowered in many areas of the project, professionals look for ways to share power and decrease their over-empowerment in the project.

3.6.2 An oasis of opportunities, resources and experiences

Young people were very clear that the activities and opportunities that M&C provides were very helpful. YP1 stated he saw M&C as “the prize... a jackpot”, noting that they help you get jobs and give you references. Others reported accessing drama projects, music studios, gym memberships, and concerts.

3.6.2.1 Creating openings and links to mainstream resources

In particular, helping young people to open up resources in the mainstream brings about positive change. MP4 talks about helping people to access “all of those things that we take for granted. Bank accounts, passports, getting ID, getting anything that includes you into society, getting housing, getting in job centres”. MP6 notes that young people “find the system completely impenetrable”, sometimes because services are located in rival gang territory and are, therefore, too dangerous to access. Creating openings into

these resources can have a profoundly positive impact on the young person's life:

R: what have you found most helpful?

YP2: For me, it was when they helped me get housing. Like I didn't even know that you could get a hostel.

YP4: They do more than you would expect. Like I wanted to do a course. The same day I'll phone and he'll say, "I found three courses, and here's the number".

R: what does Music and Change give you that other people don't?

YP6: Opportunities, that's the main thing. And they fund a lot of it as well, cause it's a charity. And if it's important, give them your reasons why you need it, then it goes through the main person and if they like it, then you can.

Young people have the opportunity of being positioned as experts and contributing to professional practice and social change when they consult alongside M&C professionals with other professionals, in contexts such as universities, health trusts, and councils. Opening up this engagement with powerful professionals is a very different experience for young people, who spoke of it in positive terms:

YP1: I had my own group of GPs, and I was telling them MY side of MY life and how it's been for me. [...]I felt like they took on board what I was saying. I was saying to them, "look, if you want to work with young people, the first initial step is trust."

YP4: [speaking to university post-graduates] they were genuinely interested. Like everyone, everywhere we go, we always get good feedback.

MP4 discussed the hard work M&C professionals do, developing the networks and contacts with external agencies necessary for the project to be effective. This creates a platform for these opportunities for young people, and interacts with the category of

transforming trust, as, like young people, outside professionals can potentially feel “quite defensive or threatened” [MP4] by M&C approaching them about their work. Trust needs to be established for this work to go ahead. This is achieved by M&C professionals acknowledging the strengths and resources of outside professionals and asking for their help. This mirrors the process of building trust that they undertake with young people.

3.6.2.2 *‘Breaking negative cycles with positive activity’*

Young people noted that the interaction of time with opportunities was an important dimension of the transitional space. Filling up their time with what they described as positive activities such as employment schemes meant they did not have time for what they described as negative activities such as offending, and led to experiences of feeling fulfilment, pride and a sense of self as developing and maturing:

YP5: I’ve come here and in one day I’ve done more job applications than I’ve done in my life, in my whole life. So when you can see that yourself, and you can say that you’ve done this, it feels better as an accomplishment for yourself. I ran home and I was like, “look mum, look at all I just done!”. I was proud of myself.

YP4: It gives me something to occupy myself with. Something to do with my time. So I am always occupied doing things so I don’t start misbehaving myself and getting back into a bad routine.

YP3: Back in the day I’d just chill on the estate with a couple of boys getting up to fuck knows what, but now instead of chilling with them lot, I’ll say hello but I’ll just come here, go on the computer, talk to the workers...

3.6.2.3 *Trying out different ways of being*

Another important dimension of the ‘**Transitional Space**’ is the facilitation of trying different ways of being, which can lead to both expanding skillsets and a changing sense of self. There were many examples of young people becoming “professionalised”

– trying out behaving in more professional ways in the M&C office and using the familiarity of M&C to become more comfortable with being in a working environment:

YP3: it was just more of a kind of a test of myself really innit. Try being more confident in talking to them about things and being more open.

MP6: I think it helps them feel a part of an environment that then becomes obtainable for them [...] Whether deliberately or not there is like a modelling of “this is professional behaviour.”

YP5: if we was at the youth club now, you’d just have us lot trying to play x-box or something. It’s not a serious... This is a working environment and that’s a youth club. There’s a difference between being a child and being an adult. Like, you can either stay as a child and not grow up or you can try and better yourself and what, personally, I would like to have a family one day, I would like to have a job.

Opportunities to try ‘different ways of being’ include different ways of ‘being with’ others. Young people and professionals spoke about being in a group composed of professionals *and* young people. In addition, being involved with M&C provides young people with opportunities to observe the team as a different kind of group. These familiar-but-different examples of groups provide new models of group dynamics for young people. This potentially provides an opportunity for them to shift the dynamic of their peer group and renegotiate their position within it, affording new possibilities for action:

MP5: to put forward their idea they had to come up with a budget and different areas that they would go and explore in line with charitable objectives. And for them to problem solve in that way in front of each other[...]you could see them kind of looking more surprised at each other’s strengths than I’ve seen them.

R: do you think the relationships you have as professionals is helpful to young people?

MP2: yeah definitely, definitely. Because they see our team is very close. During the work, we all trust each other and we feel safe amongst each other and that resonates with the young people.

MP4: there's very strong loyalty between young people who are in a gang ... when they see each other moving forward and making progress, and maybe getting a job or trying to get a job, it does encourage the others to do the same.

Interacting in different settings and undertaking different activities also provides 'different ways of being' within the young person-professional relationship. This was described by professionals as very different from traditional interactions with clients in mental health services. Professionals and young people reported this as helpful, in terms of opportunities for young people and professionals to bond, which facilitated the establishment of a trusted attachment relationship with lead workers, discussed in the next category:

YP5: Like you saw how we all sat in here and eat food, conversating, just that makes you much closer.

MP2: we've found things out we could have maybe missed had we not been in the place where they feel comfortable [like KFC]... you start talking and before you know it, this young person is telling you that he can't sleep because he's stressed about a debt he's got and then he's thinking about possible ways to deal with it.

YP6: the activities they invite you to here, like gym, that's how I built a kind of a bond between [professional] and [professional] and that, because I'm with them in the gym for over an hour, so you're just speaking about stuff and you become more comfortable then and you tell them more stuff.

3.7 The Triangular Attachment Relationship

This category, “**The Triangular Attachment Relationship**”, describes a ‘context within a context’; an attachment relationship that may form between a young person and their two lead workers¹⁴ that develops within the ‘**Transitional Space**’. For those that develop an attachment-like relationship, the relationship can be a positive change in itself, as young people report it helps them to feel better emotionally. It can also be a vehicle for additional positive change, providing a bridge into the context of ‘**A Preferred Future**’, discussed below. However, it is important to note that this kind of relationship does not necessarily develop. Diagrammatically, this is indicated in Figure 2 by the “triangle” positioned in an area labelled “individual focus”; a pathway through the transitional space that only passes through “group activities” is possible. One young person’s account did not indicate the development of this form of relationship. His journey through the project is best described as travelling through the transitional space, accessing opportunities and resources that opened up a preferred future, without developing a particularly close attachment relationship with professionals. It should be noted that the triangular attachment can also be unhelpful if it leads to a dependent relationship on the professional, which would create a risk of the young person becoming stuck in the transitional space. MP4’s comment suggests that the team explicitly draw on the ideas in attachment theory to inform their practice:

We want to give an experience of a secure attachment.

3.7.1 ‘Opening up in relationship’

The young person may “gravitate” towards a particular professional, and begin to establish a closer relationship. The organisation supports this developing attachment by using this gravitation as the method of allocation of lead workers. MP4 comments the

¹⁴ M&C professionals always co-lead casework in pairs

aim is to give young people an experience of “someone responding to your needs in a useful way and seeing you as an individual.” As the individual young person “opens up” in this secure relationship with a professional – “talking about like, everything, like, just whatever you want to vent out, like however I’m feeling “ [YP2] – the professional responds by giving the young person their unconditional positive regard and often noting their potential. This appreciative and affirming gaze is in stark contrast to the professional surveillance previously experienced by this group. Young people report the relationship provides “stability” [YP3] and that it is a powerful experience to have “someone new that’s come into your life and for her to give you all her belief” [YP1]. This new way of being seen encourages the young person to trust in the relationship and, thus, strengthens the attachment:

YP1: I think she sees the potential inside me. And I’ve never really had people have faith in me like that... But [professional] gave me that support and told me, “you can do this, why can’t you?” Even though I had that inside me I just needed someone to push me.

YP5: they will tell you how they can see a difference in you. Knowing that people can see the difference is better, cause when I’m living my life and you don’t tell me you see a difference I’ll slip back to my old ways because I still think that is the way I am. But they show you that you’ve changed.

YP3: if I feel pissed off I can go to [professional], she knows how to calm me down.

3.7.2 Reflecting and opening up understandings

Young people report gaining “a bigger insight” [YP3] of their experiences through reflecting with professionals, including seeing the broader factors impacting on their lives such as “being stereotyped” and “not having the same opportunities as others.”

This may have a positive impact on the way they see themselves. This opening up of new understandings also includes understanding others' perspectives, particularly those of outside professionals. This facilitates young people taking the chance to transfer some of the trust they have built in M&C professionals onto other professionals, an interaction with the category '**Trust As A Resource For Change**':

YP2: but she said that's why, like what's it called, like stereotype, like people might try and stereotype me and that. And then I was like, what's that mean? And then she told me what that all means.

R: And what did you think of her idea that you might get stereotyped?

YP2: I get stereotyped every blood- I, all the time! Everywhere! Evvvverywhere! [Laughs]

MP4: I've had conversations with GPs where – the young people had gone in and felt completely dismissed and I followed up with a phone call by request of the young person with the young person with me, and a completely different story is, "Oh I see, oh right, oh okay, Dr Jones," and that then is an opportunity to have a discussion about power and what it means, and what it means to have a title...

MP6: [accompanying a young person to a meeting with police] We walked in and he and the police officer knew each other, in not very positive terms [...] but we did the meeting and had conversations on the back of that, he was like, "you know that police officer, he was actually quite sound wasn't he?" [...] and we had this conversation about what assumptions the officer would have made about him as a person and what assumptions he had made.

3.7.3 Using the relationship to keep the transitional space temporary and dynamic

This is the relationship within which the "thickest" trust is likely to be built, and this resource of trust facilitates processes of positive change. Young people report developing "people skills" [YP4], increased confidence, motivation and "being more

open to trying new things” [YP3] because they feel supported. Asking for help, which might be a new behaviour, is most likely to occur in this relationship.

3.7.3.1 The ‘accompanied push’

In contrast to **“Testing The Waters”** when professionals do not push, when a relationship has developed between the young person and professional, the professional may encourage the young person to try something new. Young people describe this “nudge” or “push” as helpful and different from their previous experiences of being pushed, for example by family or teachers, because it is done at the right time, in a direction they have chosen and the professional stays with them, supporting them, rather than “leave you to go do it” [YP5]. MP2 likened this to young people “steering” and professionals providing “stabilisers” through the attachment relationship. This willingness to try new things can mean accessing resources in mainstream services that can support growth, such as apprenticeships or college courses:

YP2: Me and [professional] were talking, and I was thinking, basically there’s no point in me hiding from the Maths and English. I need to sort it before I can do anything.

Trying unfamiliar things can cause ‘fear’ [MP2], but the support provided by the professional, often “buffering the transition” by physically accompanying the young person into the new context, and the young person’s trust in the M&C professional helps them to take a “leap of faith”. I understood this supportive push towards bridging out as one way of managing the tension of the project being a temporary space while also not having a time limit within the timeframe of **‘Taking The Time It Takes’**. Professionals have more power than young people in this regard, and are explicit with young people about managing the tension between always being welcome and making sure the space is helpful to them:

MP5: [I had] an awareness that it was very easy for me to get drawn into just spending time with him without any particular purpose [...] and knowing that

street therapy conversations around the traumatic experiences was really difficult for me to bring up and for him to engage in, so it was like, “we have done pizza [...] it isn’t helpful to just be sitting on a couch together anymore, listening to Youtube.”

Another way this tension is managed is by balancing the dynamic of “dependency and independency” [MP5] within the relationship, so that the young person does not get stuck by becoming too attached to the **‘Transitional Space’**:

MP6: maybe there’s something like unhelpful maybe like a degree of dependence that young people can build. And relying too much on staff and obviously staff need to take responsibility for not supporting that.

Professionals report the team plays an important part in supporting them to manage this: through having permission to challenge each other and think together about what is best for the young person.

3.7.4 *“Holding the rocky boat”*

MP5: somebody goes for a job interview and they don’t get it and then it is like, “Up yours! I trusted you! You told me that I was good!” It’s like, “I still think you are!”

The emotions associated with taking a chance on trusting someone and on trying new challenges, and the often chaotic experiences involved with gang association, can test the attachment relationship, and it may not necessarily survive. YP1 describes the central challenge of the attachment relationship:

YP1: holding relationships is a rocky boat because we can be nice and friendly today; tomorrow I can come in here shouting and swearing[...]it’s actually difficult

for [professional] and that, they've gone through a lot of hard times with a lot of young people. They've built trust already but yet there's always conflict.

MP3 described from the professional's point of view "when things feel very fraught":

MP3: A tendency might be, if somebody is shouting at you, to feel quite frustrated and meet it with a similar kind of force or resistance. And what can be helpful is if we are able to consistently respond to that young person, not in an angry or frustrated way, that they know how we will respond to it... by trying to think with them.

This 'load' is transformed by using the co-worker to explicitly discuss what the professional is thinking and feeling and wondering about how the young person is thinking and feeling. This indirect communication, facilitated by the triangular relationship, can help the young person to make sense of the difficulty in a less threatening way, as they are able to step out of an active role into the position of observer. Professionals might also transfer the load to the wider 'team mind', who help to "slow down" and "process" issues from a less emotionally-involved position. During these moments professionals also reported "falling back into" policies and scripts [MP1], as a way of steadying themselves.

These processes manage the challenge very effectively from young people's perspective: they report a consistently, calm experience of professionals:

YP4: we may argue, like we have a debate, and the young people get heated

R: So young people get heated. What about M&C people?

P4: They're calm. I don't know how they keep so calm. The things some people say, I don't know how they do it.

Professionals believe that young people know that whatever difficulties they experience at the project, they are "always welcome back" [MP1]. MP2 notes how important maintaining this consistent stance is in protecting the attachment relationship and

contributing to the sense of safety in the transitional space:

Certain young people, they might experience like conflict 24-7 in their lives, so when they come across a group of people that are non-confrontational [...] there's that element of comfort. And there's a number of young people I've noticed feel very safe with certain staff members.

*3.7.5 Interaction with '**Trust as a Resource for Change**'*

If professionals are perceived to have breached a young person's trust, the relationship may be significantly or irreparably damaged. Young people 'transfer their trust' from M&C professionals to try trusting professionals when bridging out to other services. This may involve young people consenting to M&C professionals liaising with outside professionals to share their understanding of the young person. This supports the development of a new trusting relationship, broadening the young person's relational network, and provides a buffered transition into the context of '**A Preferred Future**'. Once this connection is made, professionals report that they try to 'step back', with the support of the team in judging how to adjust contact, to allow the young person to move through the '**Transitional Space**'.

MP4: The temptation is to keep checking in but actually now we have to let him go with his keyworker and actually we call the keyworker from time to time. And actually send things through to the keyworker about things that we think he might be interested in.

Time spent in the transitional space can result in an opening up of new possibilities for young people:

YP3: I've got a good story for MAC innit. Like, where I was a young person now I'm actually working [...] I'm more mature, more open about looking into different

things, more interested in different things, more talkative, just less angry... And more positive as well.

However, professionals reported uncertainty regarding how well they managed the phase of the model in which young people “bridge out”, and many noted that they felt this transition out of engagement with the project was an area in which there was a lack of clarity and need for more thought.

MP6: Cause I just do not know, because there will be an end to music and change’s funding. And who knows what will happen after that? I can’t imagine saying to young people Music and Change isn’t going to be here, so I think bridging out just takes such a different form when the young people are very clear about the end of a project...

MP1: There were a couple of young people that were really core members of the project that had a really strong relationship with [professional]. And her leaving clearly had quite a bit impact on a couple of them, and that shows you the relationship. They haven’t accessed the project since she left.

This highlights an area of the project in which the trust developed between professionals and young people is vulnerable. The unequal distribution of power and the limits to the idea of co-ownership become very clear in this phase, as professionals have access to important information regarding the sustainability of the project and responsibility for sourcing funding that young people do not, and are in a position of power in terms of defining when a young person should be “bridged-out”. In addition, the ethical dilemma of aiming to develop attachment relationships that are necessarily temporary and the pain this might cause young people also becomes apparent. Much thought has gone into how to facilitate the process of engaging young people into the transitional space. Professionals were clear that much more thought is needed to consider how to facilitate the process of helpful endings and to manage the risk of endings in which young people have a negative experience of professional help and potentially become increasingly marginalised.

CHAPTER FOUR: DISCUSSION

This chapter begins by relating the research findings to the aims, research questions and the existing literature. A critical review and reflexive account of the research follows. Finally, implications for practice, policy and future research are discussed.

4.1 Discussion of the research findings

The aim of this grounded theory study was to explore if and how positive change is made possible for the gang-involved young people who have engaged with the M&C project implementing its co-constructed approach, 'Integrate'.

The research questions under consideration were:

1. What, if anything, do young people find helpful in their experiences with the service?
2. How, if at all, do interpersonal relationships influence any positive change achieved?
3. What, if any, other factors effect the experience of positive change?

Each question will be considered in turn drawing broadly from the analysis of "Opening Up: The Processes of Positive Change at M&C" rather than referring to each category and sub-category separately. Responses to the research questions will also consider findings in the context of the existing literature.

4.1.1 What do young people find helpful in their experiences with the service?

The limitations in the research sample, recruited by professionals at the project and limited to those who have engaged with the project, have been acknowledged. Young people who consented to take part in the research talked about the ways in which involvement with M&C had been beneficial and led to positive change. These changes

were experienced at an individual and relational level, with the possibility of change at the collective level suggested (Prilleltensky, 2013). Most young people reported changes at more than one level. This change at three levels corroborates the early findings relating specifically to the Music & Change project from an applied ethnographic study, which I reviewed after the analysis process was conducted (Zlotowitz, 2010). Each level is discussed further below.

4.1.1.1 Individual level change

At the individual level, young people reported feeling increased confidence, hopefulness, increasingly positive sense of identities, and self-efficacy in breaking out of negative cycles of behaviour. Young people reported feeling less angry and being better able to manage anger and they also reported overcoming anxiety. All young people referred to the accumulation of new skills through opportunities. Social exclusion has been defined as a combination of poverty and not having “the personal capacity, self-confidence and aspiration to make the most of the opportunities, choices and options in life that the majority of people take for granted” (Social Exclusion Taskforce, 2007, p.4). This definition highlights the importance of these changes for improving the social inclusion of young people and facilitation of increased control in their own lives becomes clear.

4.1.1.2 Relational level change

Young people described developing robust, positive relationships with staff at the project, which can be understood as therapeutic, as they led to young people feeling better emotionally and feeling supported to work towards their individualised goals. Given their initial descriptions of ambivalence, this suggests a shift in young people’s ‘relationship to help’ (Reder & Fredman, 1996). Furthermore, one good adult relationship is identified as a protective factor for adolescent wellbeing in research (Resnick et al., 1993; Weist et al., 1995). In addition, other relationships improved: one young person reported improved relations with police (suggesting improved ‘bonding’ social capital). Another young person reported spending more time with his family since moving out of an offending lifestyle with the help of M&C, a protective factor for violent behaviour (Resnick, Ireland & Barowski, 2004).

On a group level, the peer group is changed by “joining with” M&C. The project builds on the “helping” dynamic between young people, providing through the peer referral system a way to support peers. Having friends supported by M&C may relieve some of the burden of caring for each other that young people reported was part of Road Life. The dynamics and roles within the peer group become less fixed during M&C activities and young people reported treating the “younger” differently to the way they had been treated by “olders” and wanting to help others avoid the pitfalls of Road Life by working somewhere like M&C. This is particularly interesting as NICE (2013) had noted that group interventions aiming to reduce the influence of deviant peers had shown a worsening of antisocial behaviour and, therefore, current interventions see youths individually and try to steer them away from deviant peers. The difference here may relate to the use of the existing trust within the group as a resource for change, so that the group context becomes facilitative rather than detrimental to positive change. Zlotowitz (2010) also found that young people wanted to help other young people through the project. This suggests that while involvement with M&C may involve individualised therapeutic interventions, it does not just lead to individualised solutions to the problems experienced by young people. The collective group adapts its practices towards the next generation, and young people support their peers to try to break out of what they described as negative cycles.

In addition, the development of a sense of shared belonging to the project was reported, creating an association between the peer group and positive activities and encounters, framed within a positive place with a comforting, “home-like” feeling. This is consistent with research that shows belongingness, as a facet of social capital, associates with happiness (Leung et al., 2010). By being a peer group within this new context, a new group was formed which included professionals as new “co-members”. This opened up the nature of the peer group and the possible positions and actions for members to take within the group context. I interpreted these reported changes as suggesting that a sense of belonging to the project introduces a difference that make a difference (Bateson, 1972), having a positive systemic impact at the group functioning level. However, differences in power between young people and professionals may create tensions within this combined group.

4.1.1.3 Suggestions of potential change at the collective level

On a level relating to wider social factors, young people recounted that they had accessed mainstream services and resources with the support of the project, including housing, education, and employment. This opening up of access to the mainstream resources also opens up relational networks to young people, in effect increasing their bridging social capital (Perkins, Hughey & Speer, 2002). This finding suggests the project is increasing protective factors for young people, in terms of the clear relationship between social exclusion and mental health problems (WHO, 2007). While professionals reported that this increased access was in part due to the influence of the project in changing the practices in external organisations, collecting data from these external sources was outside the remit of this research and therefore cannot be verified.

Young people recounted experiences of presenting and consulting to other professionals and, again, although these professionals were not interviewed it is possible that their practice was influenced by young people's input. These opportunities for young people to access professionals, not as service users but as consultants, provides young people an opportunity to connect their experiences to those of other marginalised young people, to locate their personal stories within a broader social context, and to reflect on how professional services can marginalise and oppress service-users. Community psychology aims to bring critical attention to the way in which interventions may compound distress by blaming people for "problems that are the consequence of the way society is arranged" (Orford, 2008, p.xii). Given the difficulty of making a substantial impact at a macro-level, Smail (2010, p.461) suggests that the value of the approach is likely to reside "as much or more in the account of personal distress community psychology offers as in the practice of attempts to alleviate it". Young people did not explicitly state that social contextualisation of their stories was 'helpful', however they drew on the broader social contexts in recounting their experiences in interviews, indicating that to some extent this wider context had become part of their stories.

4.1.1.4 Catalysts for cascades of positive change

Some changes described were instantly helpful in themselves, such as having

somewhere safe and “chilled” to go and accessing enjoyable activities, further evidence of increased social capital.

Other changes, such as accessing resources in other services, and practicing new skills and new ways of being, lay the foundations for further cascades of positive change. These iterative changes can be understood as moving young people into, and opening up further possible, preferred futures, in comparison to the context of Road Life, which was typified by a feeling of stuckness and hopelessness with only high-risk options for change. A space that provides immediate positive outcomes is important in establishing an on-going relationship with the service, acting as a catalyst for engagement, so that these delayed positive outcomes can also be achieved. This is vitally important for a group that present with huge ambivalence regarding professional help, and will be discussed further below in regards to research question three.

Furthermore, Nelson and Prilleltensky (2010) highlight that working at an individual level can have positive effects in the relational domain, such as improving relationships, balancing power dynamics and increasing participation in decisions affecting one’s life. Similarly, improvements in relating to others can open up possibilities for creating collective level changes as a group member, as “few are the people who empower themselves without joining groups or getting support from others” (p.232). This would suggest positive changes at a relational level can go on to create positive changes at a collective level.

The positive changes reported by young people clearly link to key protective factors for good mental health: empowerment, positive interpersonal interactions and social cohesion (participation, services and support, and community networks) (WHO, 2007). This suggests that the activities and interactions facilitated through the ‘Integrate’ approach can have an impact at the individual, relational and, potentially, the collective for marginalised young people.

4.1.2 How do interpersonal relationships influence any positive change achieved?

The research used interpersonal relationship as a sensitising concept in the exploration of what young people find helpful at M&C. This was based on the incorporation of 'Integrate' in AMBIT, which utilises mentalisation (a primarily relational approach) in both the therapeutic relationship and at a professional network level (Bevington, Fuggle, Fonagy, Target & Asen, 2013).

As discussed above, the development of relationships with professionals, and improvements in other relationships, was reported by some young people as a valued outcome in itself. Furthermore, the model suggests the development of an attachment relationship may act in the manner of a moderator variable to further positive change (Baron & Kenny, 1986), through the use of trust as a resource for change, discussed below.

4.1.2.1 Trust as a resource for change

One of the most fundamental ways in which interpersonal relationships influence positive change at M&C is through the use made of trust in pre-existing relationships, firstly peer relationships and subsequently relationships with M&C professionals.

The "peer referral system" as it is known in the service, is what gets young people "through the door" or at least, hovering by the threshold. If young people do not access a service, then mental health professionals' sensitivity to "the relationship to help" (Reder & Fredman, 1996) or NICE Guidelines' (2013) advice to "develop a positive, caring and trusting relationship... to encourage engagement with services" are effectively redundant. This analysis suggests that young people who are gang-involved and would possibly meet the criteria for diagnoses such as conduct disorder are very unlikely to enter into the NHS system for the reasons outlined in the Introduction. Drawing on young people's trust in their peer group, therefore, may be crucial in making change possible through improved engagement.

Likewise, it is trust in the M&C professionals that is proposed as a key factor in connecting the young person into the mainstream referral pathways for other services

and professionals. The model proposes that trust in professionals can be “grafted” from an established trusting relationship, highlighting the business case for services investing significant resources into the development of an initial trusting relationship with marginalised young people, to address the social issues of offending behaviour and social exclusion. Trust, as a facet of social capital, therefore, becomes an entry point for increasing social capital further, corroborating Zlotowitz’s (2010) findings.

4.1.2.2 Evidence for attachment relationships

As discussed in the Introduction, the AMBIT approach used within Integrate takes a relational focus. Professionals reported that they specifically aimed at giving young people “an experience of a secure attachment”, and that there was an observable “gravitation” of young people towards particular professionals which suggests the possibility of the development of an attachment relationship. Young people described their relationships with certain staff as significant, novel and having an emotional quality, and reported contacting a particular professional to modulate their emotional state, for example when feeling angry. This is consistent with Sroufe’s (1996, p.172) definition of attachment as “the dyadic regulation of emotion”. In addition, they reported receiving a supportive “nudge” or “push” from professionals, giving them the impetus to go into the world and try a new challenge. Therefore, I considered the relationships developed through the project as suggestive of attachment relationships, as young people described using professionals as a secure base to explore from and a safe haven to which to return.

Community psychologists might question the necessity of drawing on attachment theory to conceptualise what was described as occurring between young people and professionals. However, I drew on attachment theory because of the emphasis on the emotional quality in the descriptions and the fact that this was linked to interactions with a particular individual, consistent with the conceptualisations of attachment theory. I acknowledge that professionals’ references to “attachment” might reflect their socialisation into professional frameworks, and young people’s statements might reflect

socialisation as a result of contact with professionals. However, I considered this data¹⁵ would be less well described through community psychology conceptualisations such as co-construction or stewardship. For example, Kagan et al. (2011) describe “affection” through a community psychology framework, suggesting it produces bonds that are most likely to be affected by homophily, the love of sameness. In this conceptualisation, affectionate ties form because people are alike. This construction did not seem to fit with the accounts of young people in which they spoke of class and ethnicity differences with professionals with whom they had developed a strong relationship. Professionals also noted that young people often gravitated towards professionals who were different on gender, class and ethnicity characteristics and often did not want to recruit professionals who shared these characteristics with them. Using theoretical constructs which best describe data is in keeping with abductive reasoning, utilised in the construction of grounded theory analysis.

4.1.2.3 Impact of attachment relationships

Trust is a pronounced feature in secure attachment relationships; however attachment relationships serve additional positive functions. Theory proposes that attachment figures act as a secure base from which children explore unfamiliar territory, seeking greater proximity under conditions of stress, danger, or novelty (Connors, 2011). Similarly, young people reported seeking proximity to professionals when experiencing emotional stress, when in fear of physical danger and when exploring new opportunities, such as job interviews.¹⁶ Attachment theory suggests that internal models of self and other are complementary (Bowlby, 1969) – that is, as confidence grows that the caregiver can help regulate the self, confidence in one’s own capacity to regulate increases, and this is consistent with the increase in self-confidence, maturity and “calming down” some young people reported.

¹⁵ For example, YP1’s comment: “I would do anything for [M&C professional] because I have that love for her inside me and for you to get that love inside a young person’s heart, it takes a lot” and YP5’s comment: “They’re in my life. I’ll never forget them. I can’t forget them! They are in my history.”

¹⁶ One young person initially requested that their lead worker stay during their interview before deciding instead that they sit at a nearby table in the café.

My conceptualisation of the sub-categories 'opening up in relationship' and 'opening up how I see myself and others see me' implies that sense of self is enacted in relationship and, therefore, can be transformed through a relational process. Young people were clear that it was not just the provision of opportunities that was meaningful in their relationship with professionals, but the evident effort that professionals invested in finding the opportunities on their behalf. This may lead to modification of internal working models of the self as worthy of care, as suggested by attachment theory (Bowlby, 1969). The protective nature of interpersonal relationships has been evidenced empirically, and also in the accounts of young offenders and think tanks (CJS, 2012).

4.1.2.4 Supportive relationships: The team as base

I understood consistency in the welcoming, calm, thoughtful stance of professionals as a necessary condition for the attachment relationship to form. Where young people have had the difficult experience of a caregiver who can be frightening or inconsistent, an insecure attachment style may develop (Bowlby, 1973). Therefore, professionals must repeatedly present themselves to young people as a safe, non-threatening relationship partner, in order to open up a different internal model of the other. Professionals and young people both report that this is very challenging at times, as young people can be volatile, and professionals reported using the team as a 'safe haven' and 'secure base' in order to manage this. Participants' reports suggested to me that the team provided help with both emotional regulation for the lead professional and with supporting an internal working model of the self as a competent professional, through the experience of positive regard. Furthermore, professionals reported appreciating the consistency of the team's behaviours, and that the work felt subjectively much harder when the team did not feel as "solid". The professional did not elaborate on why things felt harder, however I understood this to mean when the team was less consistent in adopting a shared, predictable stance. Evidence shows the importance of the therapist stance in establishing a therapeutic alliance with adolescents (Shirk et al., 2008; Creed & Kendall, 2005). Feeling safe within the team facilitated professionals giving each other permission to question decisions relating to work with young people. This was reported as an important support in the professionals' conscious attempt to balance dependency and independence in the attachment

relationship between professional and young person.

Therefore, I felt that there was evidence that a secure attachment to the team by the lead professional was a supporting factor of positive change for the young person. These reports are consistent with claims that the AMBIT model supports the keyworker who may find that in challenging client interactions the ability to think becomes challenging (Bevington et al., 2013), and with Smith, Murphy and Coats' (1999) theory that group attachments can share similar properties to individual attachment relationships.

4.1.2.5 Mentalisation increasing social capital

Young people's lack of understanding of professional practice, for example thinking all professionals share information with police and that housing decisions are based on the 'likeability' of the applicant, indicates that gaining expertise in how to negotiate the systems that lead to access to resources is a process learned through socialisation, or not learned through social exclusion. In addition to the emotional benefits of a secure attachment, M&C professionals act as cultural brokers, helping young people to understand the practices of professional agencies, and services' expectations of the corresponding practices of citizens. This is an important aspect of increasing the ability to create bonding social capital. It also serves to highlight the potential benefits of mainstream services identifying and making explicit their assumptions regarding service users if they are to conceptualise what in professional practice makes the service hard to reach.

Mentalisation supports this cultural brokerage, as professionals' constant mentalisation of the young person's position can cue them to aspects of social experience young people may not have been taught or experienced. Conduct disorder is defined in terms of violation of "social expectations" of appropriate behaviour, highlighting that this is a problem *between* the young person and society rather than within the young person. Taking a mentalisation approach facilitates M&C professionals operating from within this "between" position. This is conceptualised in the two ways I propose the "space" occupied by M&C in the diagrammatic model can be understood – as both the "gap of

social exclusion” and the “thought about space”. Mentalising with outside professionals about young people’s positions opens up new possibilities for understandings of ‘anti-social’ behaviour, for example, as a protest in reaction to social exclusion, which might then be understood as ‘anti-social-exclusion’ behaviour.

4.1.3 What other factors affect the experience of positive change?

This section includes some factors raised by professionals and not by young people. They are considered relevant to the research question because they were identified as supporting what young people stated as helpful, although not directly observable to young people.

4.1.3.1 Having the time that it takes

Both young people and professionals highlighted the importance of time in establishing a trusting relationship. This appeared to enable the non-pushy, patient stance of professionals that young people noted appreciatively and research supports (see Creed and Kendall, 2005). It also opens up opportunities for professionals to formulate the important information contained in young people’s absences. In addressing the problem of engagement with adolescents, the literature on adolescent therapeutic alliance does not appear to have considered time as a potential mediating variable, yet I understood it to be a core element of the process of positive change at M&C. Having time allows professionals to give more control to young people, and this directly addresses the ‘lack of control’ that Patel and colleagues (2007) conceptualised as the core theme of mental health risk factors for young people.

4.1.3.2 Contexts of encounter

At a fundamental level, the spaces available to young people brought them “in off the blocks” and suggested to me that importance of services referring to Maslow’s (1943) hierarchy of needs, before treatment guidelines and manuals. In addition, a safe environment in which young people feel comfortable may have facilitated their ability to mentalise and engage in more therapeutic conversations (Bateman & Fonagy, 2004).

However, I understood the 'Transitional Space' as more than Rey's concept of the 'brick mother' (Lemma, 2010) – a space providing physical containment. The positive and dynamic activities experienced within the physical spaces appeared to me to be very important aspects of the context. I understood this context as the frame within and (partly) by which the positive individual and relational change discussed above was facilitated. By providing positive, dynamic contexts, professionals and young people are able to get to know each other in a more holistic way, rather than in a problem-focused way. Lemma (2010) has highlighted that adolescents who have experienced traumas or other difficult experiences may be sensitive to being seen as vulnerable, and these encounters do not suggest the professional is 'someone who sees me as a problem' nor is 'someone equated exclusively with mental illness'. In addition, the contexts of engagement are also evidence of the increase in young people's social capital attained through 'belonging' to the project. Professionals noted that they felt young people "attached" to the project in addition to the people within it. Smith, Murphy and Coats' (1999) suggest that group attachments can share similar properties to individual attachment relationships. It is possible that the suggested "project attachment" is an attachment to the group who come together at M&C. However it is also possible that the attachment may be to the physical spaces of the project (acting as their "secure base" from which they explore and "safe haven" to which they return), or a combination of these two and potentially other elements. The use of psychological approaches that position young people as having a deficit, such as AMBIT and attachment theory, would seem to introduce a negative aspect to the positive space; however young people's reports did not suggest that they felt they were perceived as deficient, and rather that they experienced being valued and important in the space.

Lemma (2010) concluded from her grounded theory study that psychotherapists should not assume they are of benefit to young people, as participants expressed a preference for informal encounters with keyworkers. In contrast, analysis of M&C suggests that it might be the formal, appointment-driven delivery that young people dislike, rather than the content of therapy potentially being offered. If mental health practitioners feel able to adjust the frame of their working to include informal, non-problem focused encounters

(which may be problematic for psychoanalytic approaches), young people may very well benefit from interacting with professionals usefully offering different professional skillsets, knowledge bases and contributions.

4.1.3.3 Underlying philosophy of the service

This study suggests that the philosophical foundation of the service influenced the experience of positive change for young people. Young people referred to the “foundations” of M&C as “about helping young people” and this seemed to resonate with a genuineness that they valued. This might suggest the influence of the community psychology, which approaches problems in a particular way – rather than drawing on diagnoses such as “conduct disorder” or orienting solely to problem stories, it is strengths and resources focused. This influence of this stance seemed to manifest hope in the service and address the sense of hopelessness present in ‘Road Life’.

Interestingly, although AMBIT and attachment are deficit-focused, young people’s accounts did not suggest they felt positioned as deficient by professionals. However, young people did seem to note with appreciation professionals’ ability to maintain a consistent relational stance, with one commenting, “I don’t know how they do it”, indicating an awareness that professionals had particular skills in this area. This suggests that while the use of mentalisation in the service may highlight that professionals have particular skills, this is not necessarily used by young people to make a negative comparison with themselves.

Katz, La Placa and Hunter (2007) emphasise the importance of ‘fit’ between service user and service. By explicitly focusing on co-construction, and continually seeking feedback from young people, I understood M&C and young people to be continually adjusting their ‘fit’. The co-constructive approach drawn from the influence of community psychology appears to fit well with the Western conceptualisation of the developmental tasks of adolescence, by empowering young people to be directive and influential in the service. This suggested to me that community psychology offers a promising approach for working with this age group. Aveling and Jovchelovich (2014) highlight partnership acts as intervention, and at M&C the partnership approach and experience of being

respected by adults appears to support young people in imagining the possibility of surviving into their own adulthood and planning for and moving towards preferred futures.

As has been highlighted, there are significant inconsistencies between the epistemological foundations and practical application of the approaches that M&C has drawn on in the development of 'Integrate'. The individual-level focus of relational approaches is compatible with Western constructions of adolescence as a time of focusing on identity and individuation (Erikson, 1993); however this is incompatible with the social-level focus of community psychology.

Some critical community psychologists argue that individual and group-level interventions are never appropriate. Fryer, McKenna and Hamerton (2000, p.500) fear "the perpetuation of conservative modes of community psychology in theory and practice" and worry that community psychology is "in the process of being controlled, modified, and assimilated into the mainstream." However, Nelson and Prilleltensky (2010) propose that modifications such as individual and small group interventions might be acceptable if they are timed well and can be connected to larger efforts aimed at social transformation of the socioeconomic sphere. They warn however that if this connection is not made, individual and group level interventions could send the message that the changes needed are primarily psychological rather than sociological. They highlight the importance of timing, noting that the action that leads to change is often at the end of a long process – consistent with codes "testing the waters" and "taking the time it takes" – and note the risk that "eager clinicians send their clients to do something different, only to find out later that they were not ready for it" (p.235).

4.1.3.4 Having a frame

'Integrate' provides professionals with a frame that includes AMBIT, concepts from attachment theory, other principles of practice (see Zlotowitz et al., submitted) and the practice of continually refining policy and scripts. Professionals reported these elements as particularly helpful in being able to manage in challenging situations. It appeared to me that the 'frame' of 'Integrate' itself, despite the epistemological contradictions that

exist between some of its constituent elements, was helpful to professionals. While professionals can use various therapeutic techniques and work from different orientations, having a team framework (AMBIT) to “fall back on” and “hold onto” and knowing that others would be working in accordance to the same framework seemed to make a huge difference. This seemed to protect the team from “splitting”, thereby supporting individuals to maintain a consistent stance, and to facilitate working with the differences within a multidisciplinary team.

4.2 Critical Review

4.2.1 Limitations of the study

This research focused on what the young people who were interviewed had found led to positive change; this is not necessarily what would work for other young people at M&C or involved in other gangs. Young people spoke less about what was unhelpful about the project, and risk-management requirements and the recruitment process meant it was not possible to recruit young people who were likely to have more to say in this regard. In recognition of this, potential points of disengagement, at which young people may find the project no longer acceptable, have been included in the model to indicate that negative experiences can also occur at the project. Research shows that group interventions can contribute to negative outcomes for youth, for example, through reinforcing negative behaviours (NICE, 2013). Nelson and Prilleltensky (2010) highlight that groups can be powerful in multiple ways, not all of them positive and therefore advise that attention be paid to process. Because the sample of young people was limited to those who agreed to participate, it is likely that processes of a more negative nature that may occur for some young people at M&C were not captured in the data gathered.

It is acknowledged that this study was designed with the assumption that change might take place for young people involved with the M&C project, and that it was possible that

some of this change might be perceived positively by the young people. All 12 participants were asked if they felt the project was helpful to young people, and all stated that they felt this was the case. All participants were also asked what was unhelpful about the project. Many professionals responded that they felt the project had not yet managed to negotiate what an “ideal ending” was in terms of when and how young people ended their contact with the service. Many young people discussed times when they had experienced difficult interactions with professionals, but also reported how these difficulties were resolved. All of these young people also described their relationships with professionals as founded on trust and experienced as helpful. One young person stated that the project could over-emphasise the mental health aspects of its work, but that currently they had the balance “about right”. One young participant noted that some young people could not afford public transport to the office site of the project. Another noted that there were too many stairs. Another noted that in becoming employed by M&C he was no longer able to access the gym as a ‘young person’, but had resolved this by purchasing his own weights. The remaining two young participants did not have any examples of unhelpful aspects of M&C to offer. Power differentials between the researcher and young person, or the impact of being interviewed in MAC settings, may also have inhibited young people’s responses regarding what is unhelpful.

Consistent with the constructivist critical realist perspective, this study was a very contextualised exploration of involvement with a very specific and unique project. Results are situated within participants’ context: a particular gang in one of the most socioeconomically and culturally diverse inner city boroughs in the UK. Young people were very clear that gang cultures vary greatly, even within the same city. Professionals from outside organisations working with M&C were not included in this research, which meant the research could not address whether wider collective change had occurred.

Young people who participated cannot be considered to be a representative sample of service users, as they were recruited by the service, at a point in engagement with the service where they were willing to be interviewed, and at a point in their lives where they were able to attend a scheduled appointment. Two other young people were approached and interviews scheduled but not attended due to practical problems – their

perspectives may have significantly differed from the young people interviewed. Furthermore, the model proposes that involvement with M&C is often a non-linear process, therefore, the time at which interviewees are recounting their experiences will influence their accounts, and the same participants might provide a varying report at a different time. The positive change reported may not be sustained over time, although professional perspectives were more likely to encompass a longer-term perspective.

Variables such as gender, age, ethnicity and degree of involvement in the gang are likely to have influenced young people's experiences; however, the small sample size precludes attributing differences in participant's perspectives based on these factors and looking for differences based on these individualised factors was not consistent with the aims of this research. M&C does engage with females, although it was designed for young gang-involved males in response to their increased difficulty with help-seeking compared to young females. This may be an area for future research for the development of 'Integrate'.

This model proposes one way of understanding positive change at M&C, based on my understanding of what participants reported as helpful. It cannot be assumed that what was reported to be helpful equates to what actually leads to positive change; nor was reported positive change measured or verified, although many examples were given. Although the service has preventative aims, it is impossible to comment on the potential prevention of mental health problems as no data regarding mental health difficulties of participants was sought, and community psychology orients towards wellness rather than constructions of mental illness from the medical-model. It is also not possible to comment on whether individual factors implemented in isolation from the rest of the 'Integrate' model would ameliorate difficulties or promote positive change. 'Real world' interventions are difficult to evaluate quantitatively, because different participants receive different inputs, at different intensities and for different amounts of time (Ghate, 2001). This is particularly the case at M&C where interventions are guided by young people, and where longitudinal change measurement is complicated by young people's often ambivalent entry into the service, meaning they are unlikely to consent to participating in evaluation at the outset.

As I worked alongside colleagues using different methodologies I considered how methodologies influence what is possible to “find” in research. I wondered whether a more critical approach such as Foucauldian Discourse Analysis may have illuminated the impact of the distribution of power in the service and wider context of young people’s lives. This may have enabled an examination of the subject positions and actions afforded to young people and professionals in a particular context through analysis of the discourses available to them and selected by them (Willig, 2008).

4.2.2 Evaluating Quality

I have evaluated this research drawing on Yardley’s (2000) qualitative research criteria, acknowledging again that the findings, underpinned by a critical realist epistemology, are necessarily partial (Madill, Jordan & Shirley, 2000).

4.2.2.1 Sensitivity

Yardley (2000) propounds sensitivity to theoretical and empirical context of research and how the socio-cultural setting of research influences the beliefs, expectations and talk of researcher and participant. I tried to read widely around the research topic, covering areas such as health policy, the history, development and commissioning of CAMHS services, community psychology, attachment, mentalisation, adolescence, gang membership, social exclusion and social capital.

I was aware of the sensitivity of many topics that were broached in conversations, the artificiality of the “interview” conversation, and how I was likely to be understood by young people as very different and unlikely to understand their lives. I acknowledged my difference openly at the start of interviews, as a way of explaining why I felt that the views of young people informed by lived experience were so valuable. Participants spoke extensively about context, and this was invaluable in helping me to understand their personal stories in a more nuanced way. For example, while unconditional positive regard might not be unusual in therapeutic work, considering it within a context in which young people expect undercover surveillance by professionals reveals why young

people reported it had such a powerful impact.

Although I do not expect that I was fully successful, I aimed to identify and reflect on my assumptions and biases, using a reflexive diary to help with this and to wonder about the different perspectives of participants. I also discussed with the Youth Research Consultant how my position as an Australian woman in my thirties might influence how I understood the data. He urged me to picture myself looking out of my window on a concrete jungle, standing by an empty fridge, feeling cold. This helped me to look deeper into the experiences of physical comfort and of vibrant environments. The construction of categories and memo-writing helped to consider the different contexts of the research, on a local and socio-political level; I considered context to be of such importance that it became a key aspect of the model I constructed.

4.2.2.2 Commitment and rigour

This standard refers to the researcher's level of engagement with the research, methodological competence, data collection, depth and breadth of analysis (Yardley, 2000). I felt a strong commitment to performing the highest quality analysis I could, in response to the generosity and eloquence of my participants and my belief in the importance of young people's perspectives being included in research evidence.

My analysis involved several months of coding, comparative analysis, memo-writing and category construction. As I was unable to use theoretical sampling, for pragmatic reasons, I looked for diversity between and within participant experiences, as evidenced in the range of reported experiences discussed in the analysis chapter. Although Yardley (2000) cautions that sample size does not equate to rigour, I aimed for the largest sample size I could manage in the time frame, to increase the likelihood of achieving theoretical sufficiency. Given the process of axial coding flowed easily, without any sense of forcing, I felt that data collection had reached a point at which categories explained the data sufficiently. I felt the resulting model could incorporate all participants' accounts, and provided "exit trajectories" (represented as backward-moving arrows in the diagrammatic model) which conceptualised where young people might disengage – the negative case examples that I was unable to recruit due to risk

management considerations¹⁷.

In order to keep close to data, I aimed to use as many in vivo codes as possible, staying with participants' language. To increase my sensitivity to the data and facilitate analysis, I drew on grounded theory techniques recommended by Strauss and Corbin (1998) including: analysis of a word or phrase, the flip-flop technique, close-in and far-out comparisons (see Appendix P for examples).

In order to address "sensitivity to negotiated realities" (Henwood & Pidgeon, 1992, p.107), a draft of the analysis chapter will be distributed to all professional participants to seek feedback and will be shared with the youth research consultant. The analysis was reviewed by a professional participant, who responded: "Certainly the analysis chimes with my experience and my understanding of the processes involved in the Integrate model and the journey of young people who are involved in M&C. I think what strikes me is how much the transitional space is for young people as much about the experience of relationships as it is about access, resources and opportunities, but that it is all of these things which are needed" (personal correspondence). ¹⁸

I drew on guidance from my supervisors, a grounded theory researcher in the university and clinical doctorate trainees on London courses who were using the methodology, during the analysis process. Open-coding was reviewed by two peers; each independently coded sections of my transcript and then reviewed my coding, to develop my analytic skills and as a check of completeness and credibility of the codes I had constructed. In addition, readers will judge the 'fit' of the core category "Opening Up" and its underlying categories with the data extracts presented and how it might apply to other similar contexts (Henwood & Pidgeon, 1992). Lemma's (2010) grounded theory study of Kids Company, a charity for vulnerable inner-city young people, was reviewed following the construction of the model; the proposed three-phase model of change and intervention (Hanging out; Hanging on; Moving on) and some categories (Titrating

¹⁷ Young people needed to be well known to the service to follow the risk management process outlined in the ethical approval for the research

¹⁸ Quoted here with consent.

Intimacy; the Power of Relationship) were felt to correspond to some degree with the model proposed here, although Lemma's interpretations of her model drew more heavily on psychodynamic theory and its implication for psychotherapeutic practice. I took the similarities between the two models to suggest that while my position as researcher influenced the model, my construction was not incomprehensible in reference to a somewhat-similar environment.

I acknowledge that this study is best conceptualised as an "abbreviated version" of GTM, as due to the pragmatics of participant availability and deadline constraints, I was not able to complete analysis of all preceding interviews and initial model development between waves of interviews, and was not able to pursue theoretical sampling.

4.2.2.3 Transparency and coherence

This standard refers to the clarity of the argument presented, the transparency of data presentation and reflexivity. It is recommended that qualitative researchers make explicit their philosophical positions and how their experiences and interests have focused the research (Elliott, Fischer & Rennie, 1999). I have attempted to make this explicit in the methodology section. Furthermore, my appendices present detailed documentation of the data and analysis process.

My choice of GTM is coherent with my aim to understand from the perspective of young people what is helpful about a project with many innovative features. The inclusion of professional participants added depth to the analysis, by providing perspectives on what supported the factors that young people find helpful.

4.2.2.4 Impact and importance

This standard refers to the theoretical, socio-cultural and practical contribution of the research.

A number of different definitions of what constitutes a theory within grounded theory have been proposed: 1) an empirical generalisation; 2) a category; 3) a predisposition; 4) an explanation of a process; 5) a relationship between variables; 6) an explanation; 7) an abstract understanding; and 8) a description (Charmaz, 2006). This study has

proposed one suggested framework for understanding processes of positive change, including some suggestions of relationships between categories.

One aspect of the contribution of research relates to the possible transferability of findings. Concepts indicative of young people tentatively engaging in phases, consistent with Lemma's (2010) findings, suggest that this research might offer useful points for consideration to mental health services attempting to engage groups they find hard to reach. Findings such as the importance of time as a resource and the transfer of trust may be applicable to other contexts. However, the critical realist approach acknowledges that participants' construction of their experiences will be influenced by their specific context.

It is hoped that this research will inform the practice at M&C, and other affiliated community projects, in supporting gang-involved young people to access preferred futures. The service has stated that this research is providing them with a timely further analysis of the key processes of change for young people engaging with services structured according to the 'Integrate' template.

A second aspect of research contribution is whether there was an educative or emancipatory impact on participants. I am in discussion with the service about how to take this research forward in useful ways to M&C, and how this can be done in a way that creates opportunities, possibly for co-authorship, for young people. It is my hope that young people who participated felt that their perspectives were valued and that their efforts to make positive change in their lives were acknowledged and honourably witnessed by the research endeavour.

I have considered the community psychology concept of psycho-political validity (Prilleltensky and Fox, 2007) – the extent to which psychological and political forces and power differentials are changed by an intervention. I cannot say if this research will attain such a standard of validity; it is hoped that it might contribute to good psychological practice with hard to reach groups, and may be of some use in the consideration of design and commission of services that reduce the health and social inequalities of marginalised groups.

4.2.3 Reflexivity

Constructivist grounded theory requires the researcher to reflect on the research process (Charmaz, 2006).

In my reflexive journal, I considered how my professional and outsider status might influence data gathering. Taking a critical realist position, I took what was reported by participants to be a reflection of their perception of an experience. However, social constructionism alerts us to the influence of power on what can be said and what cannot be said. I was conscious that young people might not feel empowered to state certain things, or to challenge the questions being asked, and this may have limited the data. I also reflected that young people associated with gangs may be wary of discussing their personal experiences with an outsider, and in particular certain topics (such as offending behaviour), especially in the context of a recorded interview. Young people's comments suggested stigma around having mental health problems and, therefore, my position as a trainee clinical psychologist may have additionally limited participant's responses. Moreover, I was conscious that participating in the research was to some extent an intervention, by providing young people with a new participatory experience. I was aware that this positioned me in an unusual position; conscious that the interview was not a therapy session, yet had some therapeutic aims in line with community psychology. However, unlike community psychology, as a researcher, I felt obliged to impose structure and unequal roles on the encounter. I reflected on the systemic idea that the way questions are asked can act as intervention (Dallos & Stedman, 2006), and tried to pose questions in an affirming manner.

In addition, while conscious of the need to interview in the style of researcher rather than psychologist and to avoid imposing my own language and ideas in the data, it was clear that young people felt nervous and some asked if they were saying the "right sort of things". Therefore, to create ease, I made responses to their comments, noting how interesting or well-explained their comments were and empathising with their experiences. I reflected on this 'active responding' with peers and in my reflexive diary, and as interviews progressed felt more confident to give non-verbal responses to participants. Nevertheless, I felt that responding to participants was respectful of their

experience, and facilitated the interviews (Charmaz, 2006). I had been warned by M&C staff that interviews with young people might last no longer than ten minutes, however, they averaged 44 minutes in duration.

In addition, although I initially considered professionals as more empowered, I wondered how they might experience being interviewed by a trainee clinical psychologist, studying on a course known for its critical stance, and whether this might also influence their experience of being interviewed. I tried to minimise this by being responsive in my body language and framing questions in a curious rather than interrogatory manner. Professionals may also have felt constrained by a sense of loyalty or obligation to the project, and this may have impeded them from raising more difficult issues or being more critical of the service. Therefore processes at the service that are more difficult to name may be missing from the model.

I also reflected in my diary on my desire to involve the youth research consultant in the research process more than I was able. However, given the conditions of meeting the requirements of a professional doctorate and the sheer quantity of work involved in the methodology, I found I did not have the time to be as collaborative as I had hoped. I was uncomfortably conscious that this limitation was the result of a process that would ultimately empower me, by receiving a professional qualification, and limited the opportunity for the young person. I hope to address this in further work based on this analysis, conducted with the YRC and, potentially, other young people.

4.3 Implications for Practice

4.3.1 Practitioner Level

The findings suggest the importance of mental health professionals not pushing too soon, but giving time to the development of trust so that an alliance can be formed. The power of a non-judgmental stance when working with marginalised young people also appeared to be an important element of building this trust, and an element young people described as missing in unhelpful relationships with professional helpers.

Furthermore, absences and missed appointments provide important information. Noting them, maintaining the offer of support and communicating concern to young people may be a powerful therapeutic communication; furthermore 'DNAs' can be a prompt to consider if and how the professional is being 'hard to reach' and to formulate what might be happening for a young person. Therefore, clinicians can use 'DNAs' as a tool towards engagement rather than as a system for identifying which 'cases' to close.

4.3.2 Service Level

Recommendations for professionals require support from services, and in particular, services need to allow clinicians time to establish engagement with marginalised young people. This will necessarily have implications for funding.

The model constructed in this analysis suggests the importance of professionals participating in broader activities in addition to intervention-oriented encounters, so that they become known and approachable for support when needed. Professional boundaries and the role of the professional would, therefore, require managing in a more dynamic, adaptive way; the continual, scheduled and collaborative updating of policy and procedure at M&C appeared to be a powerful service tool to manage these challenges.

4.3.3 Recommendations for M&C

In interviews, the young people were clear that M&C had made a positive difference to their lives. Therefore, the practices that they found helpful should be continued. For example, young people reported that the organisation's non-pushy approach was helpful in building a trusting relationship, and therefore the model proposes that the organisation's patience while young people "test the waters" is warranted, despite professionals reporting feeling uneasy at times that they should be doing more.

Professionals described an active commitment to seeking feedback from young people regarding how M&C might be improved. However in interviews the young people did not have many comments regarding how the service was unhelpful or could be improved. This may be because they did not feel at ease to share their thoughts regarding this, or because they do not have an understanding of the possibilities for action afforded to professionals. Therefore, it is important that the service also maintains an active commitment to reflecting on how it might be improved.

In particular, given the epistemological inconsistencies underlying the 'Integrate' model, it appears important to consider the balance between working towards making an individual, relational and collective impact. This is consistent with one young person's warning that the organisation needed to make sure it had the balance right regarding how much it focused on mental health, which might suggest a warning that the organisation not construct the internal world of the young person as the site of the problem and therefore where change ought to occur. Henriques, Holloway, Urwin, Venn and Walkerdine (1998) highlight that psychology is productive, producing "those regulative devices which form us" (p.1), for example when psychologically-reinforced explanations lead to solutions that perpetuate the status quo. For example, M&C professionals might reflect on whether the focus on helping young people into employment is being pursued at the expense of focusing on addressing the structural and political causes of unemployment among young people who are gang-associated. Professionals could draft organisational scripts for use when working with a young person towards an individualised employment goal. Such a script could include an acknowledgement of the macro causes of unemployment, a statement of the professional's commitment to working towards change at this macro-level and an invitation for the young person to advise or join them in this endeavour. M&C professionals may need to reflect on whether pursuing individualistic goals for those young people who do not want to be involved in collective action risks undermining the formulation of the social causes of distress shared with those who do.

The limitations of this study in terms of evaluating collective change have been acknowledged. Suggestions regarding how to evaluate this (such as gathering follow-up

feedback from attendees at presentations given by young people and M&C) and methods to measure any increase in young people's social capital were discussed with the site supervisor, and were, in fact, integrated into wider research already underway.

Finally, it is important that M&C consider the ethical and therapeutic issues relating to how young people exit the project through the bridging out phase, and the issues raised for a project that is co-constructed and co-owned but in which young people cannot be permanent participants. This is in conflict with principles of the community psychology approach but also problematic in terms of the use of attachment theory as a therapeutic framework. The project should consider whether professionals have the skills and self-reflexivity to manage the tension of explicitly working towards developing an attachment relationship with a young person while also needing to ensure that they do not become dependant on the therapist, and negotiating the termination of the relationship so that the young person does not have a negative experience of being abandoned when it ends. It is important for the project to acknowledge and reflect on how working with the attachment approach empowers professionals over young people, and that this imbalance of power is contradictory to the principles of community psychology.

4.3.4 Recommendations for NICE

Young people who are associated with criminal activity are likely to attract diagnostic labels such as "Conduct Disorder" and "Oppositional Defiance Disorder". Current NICE Guidelines (2013) directing professionals to undertake a comprehensive assessment and multimodal intervention do not seem realistic for this group of marginalised young people, given the level of intensity and family involvement required. It is suggested that guidelines should be amended to include more detailed guidance on how to establish engagement with young people who may not have families that will participate or support them through an intervention. This is likely to include seeking to address barriers to engagement before assuming a problem-oriented stance with the young person, requiring support at a service level and curiosity, rather than judgment, at a professional level. CAMHS clinicians should not assume that service users are familiar

with the socialised processes of being referred, nor have a clear understanding of professional practice. It is recommended that guidance reconsider the need to structure guidance according to diagnoses such as Conduct Disorder, as these labels individualise the problem, obscuring systemic factors and distal factors of inequality and power, and increase the likelihood of clinicians making the context-minimisation error (Shinn & Toohey, 2003). In addition, this research provides supporting evidence for the inclusion of community psychology approaches as effective interventions for young people at risk of offending behaviour.

4.3.5 Recommendations for commissioners

The Kennedy Report (2010) highlighted that commissioners need to better understand the specialist services they commission, and this may well be the case for local government commissioners in England newly charged with public health commissioning (King's Fund, 2013). It is important that these commissioners recognise their opportunity to implement public health initiatives to transform the mental health and wellbeing of marginalised young people (Marmot, 2014).

This research highlights the importance of commissioners resourcing and supporting services to invest long periods of time in the initial pre-engagement process with marginalised young people, rather than presupposing that assessment and intervention can begin from first contact. Allowing time for this process necessitates addressing any obligatory transition to adult services once reaching 18 years of age. Establishing “young people” clinics for older adolescents and young people in their early-twenties may be more appropriate and encourage engagement.

Increased consideration and investment needs to be given to physical spaces. The attractiveness of the therapeutic space is an important consideration for the facilitation of engagement. This research shows that young people interpret poor resources as an indication that they are not valued, undermining the therapeutic endeavour before it has begun. This research suggests that CAMHS interventions might be more accessible to

marginalised young people if they were delivered within the context of community spaces not defined by mental health, but rather offering integrated services. NICE Guidelines (2013, p.6) note that multiple agencies may be involved in the care and treatment of children “with conduct disorders”, and that this presents major challenges for the effective coordination of care across agencies. Co-location and integration into single teams would help to address this issue, and has been noted, frameworks such as AMBIT applied independently or within the overarching framework of ‘Integrate’ may facilitate this.

In addition, the positioning of support services such as clinical psychology alongside on-going strengths-focused projects, co-constructed with marginalised young people and to the benefit of young people, consistent with the approach taken by community psychology, is recommended as a positive way to create a context of vitality and hopefulness within which young people can address their difficulties. This may create epistemological conflict, as some clinical psychology approaches take an individualised or relational approach contrary to the community psychology focus on macro level factors relating to power and resources. However, this may be acceptable to service users, if individuals are empowered to choose the approach they prefer to engage with, based on what they find personally acceptable.

Part of the effectiveness of M&C in increasing young people’s inclusion was through young people “grafting” on to the social capital of professionals. I felt that young people inherently understood this when they noted that as “doctors” and “lawyers”, professionals at M&C had more power than typical youth workers and were “very connected” and could “actually make things happen” [YP1]. This suggests that if commissioners want to address the social exclusion of marginalised young people, there is a strong argument for resourcing services with professionals who have social capital, through their education, training and professional networks. In addition, it should become the remit of mental health professionals to intervene beyond the level of the individual and commissioning should reflect this.

4.4 Implications for Future Research

Measuring the impact of the project on peer and community systems would be helpful in identifying and understanding the distal impact of the service, but by their distal nature this is complex. Qualitative research with professionals from outside organisations (such as hostel workers and police) who have worked with M&C professionals and young people, could capture the impact of M&C's involvement at a case level and organisational level.

This research suggests many directions adolescent engagement and therapeutic alliance studies could pursue. For example, the identified research has not focused on context as an influential factor in establishing engagement, and yet the positive space seems to have been an important factor in drawing young people and professionals towards each other. Research could, therefore, investigate the impact of attachment to place on therapeutic alliance, as discussed in Section 4.1.3.2, linking to participant comments included in Section 3.6.1.2. Furthermore, although alliance research aims to be trans-theoretical it has not considered community psychology approaches, in which participants are typically more empowered to choose their degree of involvement in and ownership of the intervention.

The possibility of a drawn-out process of testing the waters was very powerful in forming an eventual alliance at M&C, yet the current research presupposes a “manualised” approach to interventions (single-discipline; scheduled, frequent sessions focused on meeting psychological goals through application of ‘psychology’ techniques). This study has shown that beginning to work with a young person through pursuing their self-defined and preferred goals, and offering practical help, might have a powerful impact on subsequently agreeing and pursuing more psychologically-oriented goals should these be acceptable as goals to the young person. Future research could explore this as part of the trans-therapeutic investigation of therapeutic alliance.

4.5 Summary and Conclusion

This research has proposed one way of conceptualising how positive change is made possible for gang-involved young people in contact with a mental health charity drawing on a number of different approaches. It has identified many influential factors, including the allowance of time to establish engagement and the transformative power of trust in facilitating change. Young people's voices have been presented as much as possible, and connections made from young people and professional's accounts to the implications for practitioners, services and commissioners who seek to support them into preferred futures.

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APPENDICES

APPENDIX A: LITERATURE SEARCH STRATEGY

The literature discussed within this research was obtained from a variety of sources and at two different time points. An initial literature search was carried out as part of the research proposal and ethics application process.

Initially, a search employing the EBSCOhost search engine (searching PsychInfo, Psycharticles, CINAHL and Academic Search Complete) was undertaken for papers written in English and published between 1990 and 2014. Terms searched were: ‘adolescen*’ AND “hard to reach” AND ‘mental health’; ‘adolescen*’ AND ‘community psychology’. In addition, papers and documents were gathered from the websites of government departments, think tanks and charities (such as the Young Minds and The Centre for Social Justice) and international bodies (such as the World Health Organisation). Further papers were identified through the reference list of resources already obtained and recommendations from my research and field supervisors.

In accordance with Grounded Theory Methodology (Glaser and Strauss, 1967), a further literature review was conducted while analysis was underway, around key concepts that were being included in the model, including social capital and adolescent therapeutic alliance.

APPENDIX B: DESCRIPTION OF THE INTEGRATE MODEL

The Integrate model involves a series of stages that begins with mental health practitioners meeting and engaging young people in their communities – such as local youth centres, housing estates, shopping centres and through other introductions from community gatekeepers (eg. youth workers). As relationships form, young people are asked for their help in creating a new project and they become involved in naming, branding and co-producing the project through youth designed and led activities. Peers ‘refer’ other peers to the project and group activities such as music sessions, sport and trips are facilitated by practitioners in partnership with young people. Young people may be employed by the project to carry out certain tasks and facilitate activities. This enables relationships to be built between mental health practitioners and young people. This relationship opens up the possibility of ‘Street therapy’, as led by young people’s needs. Street therapy refers to evidence-based psychological interventions delivered opportunistically by practitioners in places and times where young people feel safe and comfortable. The aim of street therapy is to promote positive mental health, support young people to develop new skills and improve their psychological functioning. As a last stage, practitioners bridge young people out of the project into appropriate services, such as housing, and into employment, education or training.

Staff also intervene with the systems around young people that impact on their likelihood to change and invite young people to participate in this work alongside them; in this way it also draws on the principles of community psychology. For instance, working to improve the mental health training of other professionals who work with this group of young people (eg. local police, local Early Intervention Team, local youth workers). Practitioners and young people engage with local policy makers, businesses, residents, public sector workers and commissioners to improve their understanding of these young people’s needs in order to increase resources, cohesion and accessibility. (For a fuller description of the Integrate model, see www.mac-uk.org and Zlotowitz, Barker, Moloney & Howard, submitted).

APPENDIX C: APPLICATION FOR ETHICAL APPROVAL (AMENDED VERSION)
UNIVERSITY OF EAST LONDON
School of Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL
FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY

Students on the Professional Doctorate in Occupational & Organisational Psychology and PhD candidates should apply for research ethics approval through *Quality Assurance & Enhancement* at UEL and NOT use this form. Go to: <http://www.uel.ac.uk/qa/research/index.htm>

Before completing this form please familiarise yourself with the latest *Code of Ethics and Conduct* produced by the British Psychological Society (BPS) in August 2009. This can be found in the Professional Doctorate Ethics folder on the Psychology Noticeboard (UEL Plus) and also on the BPS website www.bps.org.uk under *Ethics & Standards*. Please pay particular attention to the broad ethical principles of respect and responsibility.

HOW TO COMPLETE & SUBMIT THE APPLICATION

1. Complete this application form electronically, fully and accurately.
2. Type your name in the 'student's signature' section (5.1).
3. Include copies of all necessary attachments in the **ONE DOCUMENT SAVED AS .doc**. See page 2
4. Email your supervisor (Director of Studies) the completed application and all attachments as **ONE DOCUMENT**. INDICATE 'ETHICS SUBMISSION' IN THE SUBJECT FIELD OF THIS EMAIL so your supervisor can readily identify its content. Your supervisor will then look over your application.
5. If your application satisfies ethical protocol, your supervisor will type in his/her name in the 'supervisor's signature' section (5.2) and email your application to the Helpdesk for processing. You will be copied into this email so that you know your application has been submitted. It is the responsibility of students to check this. Students are not able to email applications directly to the Helpdesk themselves.
6. Your supervisor will let you know the outcome of your application. Recruitment and data collection are **NOT** to commence until your UEL ethics application has been approved, along with other research ethics approvals that may be necessary (See 4.1)

MANDATORY ATTACHMENTS

1. A copy of the invitation letter or text that you intend giving to potential participants.
2. A copy of the consent form or text that you intend giving to participants.

OTHER ATTACHMENTS AS APPROPRIATE

- A copy of original tests and questionnaire(s) and test(s) that you intend to use. Please note that copies of copyrighted (or pre-validated) questionnaires and tests do NOT need to be attached to this application. Only provide copies of questionnaires, tests and other stimuli that are original (i.e. ones you have written or made yourself). If you are using pre-validated questionnaires and tests and other copyrighted stimuli (e.g. visual material), make sure that

these are suitable for the age group of your intended participants.

- A copy of the kinds of interview questions you intend to ask participants.
- A copy of ethical clearance from an external organisation if you need one, and have one (e.g. NHS ethical clearance). Note that your UEL ethics application can be submitted and approved before ethical approval is obtained from another organisation, if you need this (see 4.1). Please confirm with your supervisor when you have external ethical clearance, if you need it.
- CRB clearance is necessary if your research involves 'children' (anyone under 18 years of age) or 'vulnerable' adults (see 4.2 for a broad definition of this). Because all students registered on doctorate programmes in clinical, counselling or educational psychology have obtained a CRB certificate through UEL, or had one verified by UEL, when registering on a programme, this CRB clearance will be accepted for the purpose of your research ethics application. You are therefore not required to attach a copy of a CRB certificate to this application.

* IF SCANNING ATTACHMENTS IS NECESSARY BUT NOT *AT ALL* POSSIBLE, SUBMIT TWO HARDCOPIES OF YOUR APPLICATION (INCLUDING ALL ATTACHMENTS) DIRECTLY TO THE HELPDESK. HARDCOPY APPLICATIONS ARE TO BE SIGNED BY YOU AND YOUR SUPERVISOR AND DELIVERED TO THE HELPDESK BY YOU

N.B: ELECTRONIC SUBMISSION IS REQUIRED WHERE AT ALL POSSIBLE AS HARDCOPY SUBMISSION WILL SLOW DOWN THE APPROVAL PROCESS

REMEMBER TO INCLUDE ALL NECESSARY ATTACHMENTS IN THE ONE APPLICATION DOCUMENT AND EMAIL THE COMPLETE APPLICATION AS ONE DOCUMENT (.doc) TO YOUR SUPERVISOR WITH 'ETHICS SUBMISSION' IN THE SUBJECT FIELD OF YOUR EMAIL

1. Initial details

1.1. Title of Professional Doctorate programme:

Professional Doctorate in Clinical Psychology (ClinPsyD).

1.2. Registered title of thesis: (This can be a working title if one is not yet registered)

How is positive psychological change made possible for gang-involved young people in contact with a community psychology project?

2. About the research

2.1. Aim of the research:

To develop a model that conceptualises the therapeutic interactions occurring at MAC-UK that facilitate positive psychological change.

2.2. Likely duration of the data collection/fieldwork from starting to finishing date:

01 April 2013 – 31 August 2013

Methods. (Please give full details under each of the relevant headings)

2.3. Design of the research:

The study will use the qualitative methodology of Grounded Theory.

This will involve an initial period of researcher participant observation, conducted at the MAC-UK service and recorded through field notes. These field notes will be used to inform research questions. Semi-structured interviews will be conducted with professionals and service-users, asking questions relating to the research questions. In line with Grounded Theory, research questions will evolve and interview questions will be amended accordingly, in an iterative process as analysis from each interview is generated. Interviews will be about 50-60 minutes in duration.

2.4. Data Sources or Participants:

Data will be captured in field notes created by the researcher after each participant observation session. This data will inform research questions. Final analysis for the thesis will be drawn from typed transcripts of interviews with five service-user participants and five mental health professionals who have worked at MAC-UK for at least three months. There is no inclusion criteria relating to gender or particular profession. Service-users will be over 16 years old and meet criteria for Gillick Competency. Interviews will be conducted at the MAC-UK premises. Recruitment will be facilitated through the MAC-UK-based supervisor and Youth Research Consultant employed by MAC-UK.

2.5. Measures, Materials or Equipment:

Initial participant observation may include viewing and listening to materials created through service-user activities, such as films and recorded music, with appropriate consent. An interview schedule will be used for each interview. This schedule will evolve as the analysis is developed. An audio-recorder will be used to record interviews and facilitate transcription onto a password-protected computer, which will also be used to store transcripts.

2.6. Outline of procedure, giving sufficient detail about what is involved in the research:

- Initial stage of researcher participant observation: Researcher to spend

- alternative Fridays for three months at the service, helping with and participating in activities and becoming a “familiar face”. Outputs of activities conducted with young people, such as music recording and films, will be reviewed. Informal conversations will be conducted with young people and professionals. Researcher responses will be recorded in field notes.
- Drawing on field notes, research questions, information sheets and interview schedules will be formulated in conjunction with Youth Research Consultants assigned to the project by MAC-UK.
 - Youth Research Consultants will liaise with young people to recruit interviewees. The clinical supervisor will liaise with professionals to recruit interviewees. The researcher will be available at set times for potential participants to ask any questions regarding participation and the research. Information sheets will be given to potential participants.
 - Those who agree to participate will be given a consent form to read through and the researcher will arrange a time and date for the interview.
 - Interviews will last for about 50-60 minutes and will only commence after the consent form is signed.
 - Interviews will be audio-recorded and transcribed for analysis by the researcher within three months.
 - Interviews will take place in a quiet room at MAC-UK, where participants are likely to feel most comfortable.
 - After each interview, research questions will be reconsidered and interview schedules amended, in consultation with Youth Research Consultants.

3. Ethical considerations

Please describe briefly how each of the ethical considerations below will be addressed.

3.1. Obtaining fully informed consent:

Participants will be given an information sheet regarding the research, and a consent form which will be signed before interviews commence.

3.2. Engaging in deception, if relevant: (What will participants be told about the nature of the research?)

The proposed research involves no deception.

3.3. Right of withdrawal:

Participants will be advised of their right to withdraw from the research study at any time without any disadvantage to them and without being obliged to give any reason. They will be assured that withdrawal will not affect their relationship with MAC-UK in any way. This will be made clear to participants on the information sheet and consent form. Withdrawing from the project would include deleting any audio recordings and interview transcripts if the participant indicated this was their wish. Because of the iterative nature of Grounded Theory analysis, the researcher reserves the right to make

broad reference to themes or issues generated out of a participant's interview even if they have withdrawn from the study, if this is necessary to justify any amendments made to the research questions, interview schedules and development of analysis. Care will be taken that no particular extracts or details will be referred to in such a circumstance.

3.4. Anonymity & confidentiality: (Please answer the following questions)

The researcher will ask the Youth Research Consultant to introduce service-user participants using the name they wish to be known by. The researcher will be aware of the identities of professional participants. Participant details will be kept in a locked environment and not shared with anyone else. They will not feature on interview transcripts.

Confidentiality will be protected as much as possible by using pseudonyms and identifying references from interview transcripts and extracts in the final thesis and any resulting publications. Audio recording files will be stored on a password-protected computer, and deleted after examination. Only the researcher will have access to these files. Transcripts will be stored on the same password protected computer, and only the researcher, Youth Research Consultants, Supervisors and Examiners will have access to transcripts. Transcripts will be kept for three years after the study and then deleted.

Participants will be informed that confidentiality may need to be broken if anything they say gives the researcher cause to believe someone may be at risk of harm. Given the nature of the service, there is a chance that young people may disclose criminal or anti-social activity. Participants will be informed at the start of the interview that this is not encouraged.

3.5. Protection of participants:

There are no potential hazards or risks of injury or accident to participants. Participants may become upset if they talk about topics that are distressing or emotional. The researcher will look out for any signs that someone is becoming upset or distressed, and ask the participant what they would like to do. The researcher will have details for organisations that can offer support which will be provided to all participants.

3.6. Will medical after-care be necessary?

NO

3.7. Protection of the researcher:

There are no specific risks to the researcher. Interviews will be conducted at MAC-UK and the Clinical Supervisor will be aware of the times of interviews.

3.8. Debriefing:

Participants will be given time at the end of the interview to ask any questions. There is no deception involved in the study. Participants will be reminded of what will happen to

the data and asked if they are still happy to take part in the study.

3.9. Will participants be paid?

YES - Young people who participate as interview subjects will be offered £10 in cash for their time. This is an incentive for young people, who lead chaotic lives and who can struggle to attend appointments, to take part. This amount is low enough to avoid young people agreeing to participate when they might otherwise not have chosen to. Young people at the service consistently report that they prefer cash to vouchers when participating in research projects, and acknowledging this preference is considered important in demonstrating respect for the young people's preferences.

3.10. Other:

4. Other permissions and clearances

4.1. Is ethical clearance required from any other ethics committee? NO

Ethical clearance is provided under the Centre for Mental Health, Maya House, 134-138 Borough High Street, London, SE1 1LB

Has such ethical clearance been obtained yet? PENDING

PLEASE NOTE: UEL ethical approval can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by UEL and other ethics committees as may be necessary. Please let your supervisor know when you have obtained ethics approval from another organisation, if you need one.

4.2. Will your research involve working with children or vulnerable adults?*

YES

If YES, please confirm that you obtained a CRB certificate through UEL, or had one verified by UEL, when you registered on your Professional Doctorate programme. YES

If your research involves young people between the ages of 16 and 18 will parental/guardian consent be obtained. NO

Parental consent will not be sought, as young people involved with the service predominantly experience chaotic home lives and may not have the relationships with their parents that would enable parental consent and parents may not be aware that they are accessing services at MAC-UK.

5. Signatures

ELECTRONICALLY TYPED NAMES WILL BE ACCEPTED AS SIGNATURES BUT ONLY IF THE APPLICATION IS EMAILED TO THE HELPDESK BY YOUR SUPERVISOR

5.1. Declaration by student:

I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor(s).

I undertake to abide by accepted ethical principles and appropriate code of conduct in carrying out this proposed research. Personal data will be treated in the strictest confidence and participants will be fully informed about the nature of the research, what will happen to their data, and any possible risks to them.

Participants will be informed that they are in no way obliged to volunteer, should not feel coerced, and that they may withdraw from the study without disadvantage to themselves and without being obliged to give any reason.

Student's name:

Student's signature:

Student's number:

Date:

5.2. Declaration by supervisor:

I confirm that, in my opinion, the proposed study constitutes a suitable test of the research question and is both feasible and ethical.

Supervisor's name:

Supervisor's signature:

Date:

APPENDIX D: ETHICS APPROVAL

SCHOOL OF PSYCHOLOGY
Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.

UEL
University of
East London
www.uel.ac.uk

School of Psychology
Professional Doctorate Programmes

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate's research ethics application and he/she is therefore covered by the University's indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer 'no fault' cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,


Dr. Mark Finn
Chair of the School of Psychology Ethics Sub-Committee

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e-mail: mno.davies@uel.ac.uk web: www.uel.ac.uk/psychology

 
The University of East London has campuses at London Docklands and Stratford
If you have any special access or communication requirements for your visit, please let us know. MINICOM 020 8223 2853



APPENDIX E: EMAILS CONFIRMING APPROVAL OF AMENDED ETHICS APPLICATION

From: Mark Finn
Sent: 30 July 2013 15:13
To: Ethics applications
Cc: Gabrielle Clare FARRAN; Neil Rees
Subject: FW: Application to amend ethical approval for Professional Doctorate in Clinical Psychology Research

Dear Stacey,

Please see attached revised ethics form for a previously approved application. I have approved the amendments. This amended form is for your records.

Gabrielle - please take this email as formal notification of the amendment to your ethics application being approved

Mark

From: Gabrielle Clare FARRAN
Sent: 17 July 2013 21:09
To: Mark Finn
Subject: Application to amend ethical approval for Professional Doctorate in Clinical Psychology Research

Dear Mark,

I am a student on the Professional Doctorate in Clinical Psychology course. I recently received ethical approval from the University to conduct my doctoral dissertation project which involves interviewing young people at a community psychology project in North London.

I met with my external supervisor based at the project this week and we discussed the practical challenges of interviewing service-users, who sometimes struggle to attend their appointments as their lives can be very chaotic. She noted that other research at the project has paid young people to participate, and strongly recommended that I offer young people a payment to take part as it may act as an incentive for them to come to the interview, and also communicates the importance of their voices. She also noted that consistent

feedback from young people is that they prefer cash payments to vouchers. If it is possible, I would therefore like to offer cash payments of ten pounds to participants who are interviewed.

I did not include a payment in my original application. I contacted Ken Gannon and he advised me to amend my ethics application and to resend it to you. I have made these amendments and have attached the document to this email. I have highlighted the changes I made in the document (on pages 15, 18 and 25). I would be very grateful for your consideration of these amendments.

Could you please let me know if I have ethical approval to make such a change to the project, and if so, if I need to document this in any way?

With best wishes,
Gabrielle

Gabrielle Farran
Trainee Clinical Psychologist
University of East London



APPENDIX F: INFORMATION SHEET AND CONSENT FORM FOR YOUNG PEOPLE

UNIVERSITY OF EAST LONDON

University of East London
School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

Gabrielle Farran
Principal Researcher
U0634003@uel.ac.uk

Consent to Participate in a Research Study

This letter is to give you the information that you need to decide if you want to take part in a research study.

Project Title

How is positive psychological change made possible for gang-involved young people in contact with a community psychology project?

What it is...

The aim of the research is to consult with young people to find out what they is good about being involved with MAC-UK. Young people's opinions will be used to develop a model that could show other organisations how they could work better with young people. The finished research will be written up as an academic thesis.

I will be interviewing young people one at a time, talking about their experiences. The questions I ask will depend on what each person wants to talk about in their interview. If you decided to take part you might be asked things like: whether you think MAC-UK is a good service, what you think is good about it and what you think is not so good about it. Young people who are interviewed will be paid £10 in cash.

There are no risks or dangers involved in taking part, although it is possible you could get upset if you were talking about something you had found difficult. You can take a break at any time in the interviews or decide to finish it at another time. If you did talk about some difficult things, I would be happy to contact someone at MAC-UK for you to talk to or to give you contact details for other organisations that can offer support.

Is it private?

Each interview will be with me and take up to an hour. I will record it on a digital recorder so I can remember what we talked about. I am the only person who will listen to the recording and I will type it up into a transcript and then delete the recording. Any names that are mentioned, including yours, and



anything that you say that would mean someone could identify you will be changed in the typed version. This typed transcript may be read by Dr Rachel Smith at the University of East London, who is supervising this research or colleagues who are checking the quality of my work. No one else will be able to read the transcript. The audio recording and transcript will be saved on a computer that is password protected, to make sure no one else sees or hears them. The written transcript will be kept as a computer file for three years and then deleted.

The final write-up will include a small number of quotes from the interviews. This final write-up will be shared with the staff at MAC-UK and people who were interviewed. I may slightly change these quotes so that it is harder to tell the identity of the person who was interviewed.

It's important that you know that there is one situation when I would need to tell someone else what we had talked about. That is if you told me something that made me think someone was at risk of harm, then I would need to tell someone else. If this happened, if it was possible I would try to let you know that I need to tell someone else.

Where?

Interviews will take place at MAC-UK or the Kingsgate Youth Centre, but we can think about other places if you prefer.

Please remember!

You don't have to take part in this study and should not feel that you have to. It is okay if you want to change the time of your interview, decide to take a break during the interview or finish it at another time. You are free to pull out at any time, even after you have finished your interview, and you don't have to say why. If you do pull out, your relationship with MAC-UK and the people there won't be affected at all.

In this research, the answers given in one interview will change the questions I ask the next person. So if you pull out of the study after your interview, I might need to mention a theme or an issue that you raised in your interview. This might be if I need to make clear when I am writing up the research why I asked other people certain questions. If this happened, I would say something very general about your interview and I would not use your exact words.

Please feel free to ask me any questions. If you are happy to go ahead you will be asked to sign a consent form before your interview. Please keep this letter for reference.

If you have any questions or concerns about how the study has been conducted, please contact Dr Rachel Smith, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: 020 8223 4432. Email: r.a.smith@uel.ac.uk) or Chair of the School of Psychology Research Ethics Subcommittee: Dr. Mark Finn, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: 020 8223 4493. Email: m.finn@uel.ac.uk)

Thank you!
Yours sincerely,

Gabrielle Farran



UNIVERSITY OF EAST LONDON

Consent to participate in a research study

How is positive psychological change made possible for gang-involved young people in contact with a community psychology project?

I have read the information letter relating to this research study and have a copy to keep. What the research involves and why it is being done have been explained to me, and I have had the chance to talk about it and ask questions. I understand what is going to happen and what I am being asked to do.

I understand that my involvement in this study, and the things I say in the interview, will remain strictly confidential. Only the researcher will have access to information that could identify me. It has been explained to me what will happen once the research study has been completed.

I am happy to agree to participate in the study. Having agreed to do this, I understand that I can pull out of the study at any time without causing any problems and I don't have to say why. I also understand that if I do pull out after my interview, the researcher might need to refer to my interview in the write-up of the study, in the examination and in any further articles that may be written by the researcher but they will not use my exact words. I have received £10 in cash for my contribution.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date:



APPENDIX G: INFORMATION SHEET AND CONSENT FORM FOR PROFESSIONALS

UNIVERSITY OF EAST LONDON

School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

Gabrielle Farran
Principal Researcher
U0634003@uel.ac.uk

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate a research study. The study is being conducted as part of my Clinical Doctorate degree at the University of East London.

Project Title

How is positive psychological change made possible for gang-involved young people in contact with a community psychology project?

Project Description

The aim of the research is to develop a model that shows how young people are able to feel better or make positive changes by being involved with MAC-UK, if they do find MAC-UK makes a positive difference. The finished research will be in the form of an academic thesis. The researcher may use the research to write additional articles to be submitted for publication in academic or practice journals.

The research involves interviews with young people and professionals at MAC-UK, talking about their experiences at the service. The questions will depend on what each interviewee talks about in their interview, but if you decided to take part you might be asked things like: what you think has helped young people at the service, how you have experienced working at the service and how this compares to other services you have experienced.

There are no risks or dangers involved in taking part, although it is possible you might get upset if you were talking about something you had found difficult or emotional. If you did get upset, the researcher can provide you with contact details for organisations that can offer support.

Confidentiality of the Data

Each interview will be with myself, Gabrielle Farran. The interview will be recorded on a digital recorder and only I will listen to the recordings and type them into transcripts. Any names that



are mentioned, including yours, and anything that would make you or anyone else identifiable will be altered in the transcript. This typed transcript may be read by colleagues who are checking the quality of my analysis and my supervisor at the University of East London and the examiners who assess the thesis. No one else will have access to the transcript. The audio file and transcript will be saved on a computer that is password protected.

After the examination, the researcher will delete the audio recordings. The written transcript will be kept as a computer file for three years and might be used for additional articles or publications based on the research.

The final research will include a small number of quotes from interviews. This research will be shared with the staff at MAC-UK and people who were interviewed, so there is a chance that someone who was interviewed or worked at MAC-UK and knows you might recognize something you said as sounding like you. Every effort will be made to stop this from happening, by making sure any extracts from interviews that is included in the final research is changed so that it is not identifiable.

Location

Interviews will take place at MAC-UK, but we can think about other places if you would prefer.

Disclaimer

You are not obliged to take part in this study and should not feel coerced. You are free to withdraw at any time. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason. Because of the analytic approach being used (Grounded Theory) interviews will be amended according to themes that have emerged in previous interviews. This means that the researcher may need to refer to themes or issues raised in your interview, in order to justify elements of their analysis, even if you have withdrawn from the study. Every effort will be made to make sure this is done in a very general way, and your exact words will not be used.

Please feel free to ask me any questions. If you are happy to continue you will be asked to sign a consent form prior to your participation. Please retain this invitation letter for reference.

If you have any questions or concerns about how the study has been conducted, please contact Dr Rachel Smith, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: 020 8223 4432. Email: r.a.smith@uel.ac.uk) or Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mark Finn, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: 020 8223 4493. Email: m.finn@uel.ac.uk)

Thank you in anticipation.

Yours sincerely,
Gabrielle Farran



UNIVERSITY OF EAST LONDON

Consent to participate in a research study

How is positive psychological change made possible for gang-involved young people in contact with a community psychology project?

I have the read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date:

APPENDIX H: EXCERPTS FROM REFLECTIVE DIARY

All names changed.

REFLECTIVE DIARY: AFTER ATTENDING FIFTH BIRTHDAY PARTY 16.10.13

Tonight I went to the MAC fifth birthday celebration where young people were performing their music. I was so impressed with the music and young people's confidence and also their admissions of nerves. Certain lyrics really stood out: "Can I get some love?"; "act like a chicken, you're likely to get fried"...

I wondered about the impact of the opportunities for being seen created at MAC – the gaze of an appreciative audience for the young people up on stage and also the watchful gaze of the police who were slowly driving up and down the street outside the building. This had been at MAC's request, and evidence of both their concern and thought in how to keep the young people safe, and also of the very real dangers the young people face. It struck me as very powerful that there was a need for the police to do this when upstairs people were making music, dancing and eating ice-cream. Basically having a really nice party. The venue was perfect for the music and for having an audience, but also really hidden. I thought this was quirky and brilliant when I arrived, like an underground club, but when I left and the police were slowly driving by, it made me feel sad - that the young people couldn't celebrate together in a more public way, even in their own community and in fact especially in their own community. When I arrived one of the MAC professionals I know was downstairs and off to the side with a young person and it seemed that they were having a difficult conversation, although they were being very subtle about it. It reminded me of big family events when the emotion and anticipation and organisation and build up has been so great, and there is some kind of a family drama or tensions under the surface which guests are largely unaware of. It reinforced the family feeling and the parenting feeling of the MAC team for me.

Excerpt from REFLECTIVE DIARY: AFTER INTERVIEW THREE 12.10.13

I was struck by the comments of the young person, that because of the time and support of the professional he was working with he felt that he had become "a reformed character". This suggests to me that he feels there has been a change, and a positive one. And that he has located what was problematic as something within himself, within his character, and that through contact with the service he had been "improved". My first thought was, "this seems very at odds with the aims of community psychology. I'm not sure that the professional would necessarily feel that this was the goal of their contact together." Yet the young person was clear that he

saw this as a positive thing. I suppose it is a dilemma whether one assumes that what a “service user” defines as a good thing is therefore right for them, or whether one assumes that the “service user” may lack the insight to see that they are being socialised into a dominant ideology. It seems naïve not to consider that contact with a mental health service could lead to someone coming to see themselves as flawed – there’s lots of research to show this. But it seems arrogant to state that the young person lacks “insight”. The young person was clear that he considers the activities he was involved with, which included violence and drug dealing, to be bad and it is hard to argue with that; so the outcome in terms of how he now lives his life is better for both him and for his community. The problematic aspect is his understanding of the cause of him behaving in those ways I suppose. And yet, he also linked his experiences to the lack of a father in his life, the lack of positive role models, the lack of opportunities to do anything with his time, the difficulties getting employment with a criminal record, the experience of danger when a rival gang knows you come from a certain estate... So it seems he holds two ideas at once – that his “character” was flawed (and I guess implying that his behaviour came out of his character or his character was the sum of his behaviours) but also that his environment determined much of his behaviour, particularly the influences around when he was a young boy and looking for protection. This idea of environment driving behaviour is contradictory to the idea of character driving behaviour. It is perfectly possible for people to hold contradictory ideas. I’m sure I do as well. It might also reflect that he is in a process of changing his thinking. Or it might indicate that he has been influenced by the different approaches present in the service. I’m aware that while I was left struggling to make sense of how to understand his comment, this is largely because of my professional training and frameworks I have been exposed to as a trainee clinical psychologist, whereas the young person did not report any discomfort with holding both ideas. I’m also really conscious that he talked about how different it was to be seen positively by someone else and that no one had really seen him as a good person before. This makes me wonder about whether the reformation he understands has occurred “in his character” was as a result of his change in behaviour or maybe as a result of the change in the way he is responded to by others. I wonder then if there is something relational going on, if he understands part of his identity through the ways others are seeing him. Lots to untangle...

Excerpt from REFLECTIVE DIARY: AFTER INTERVIEW NINE
16.02.14

I came away feeling I had more of a sense of things that young people don’t see but that obviously keep the project going. It is clear that things can be harder “backstage” than I had realised. It is interesting that this impression did not come up from young people at all, and perhaps that is something to note – that whatever concerns professionals have, young people are protected from? This really does remind me of good parenting.

Talking to Anna made me realise that sometimes staff members feel really overwhelmed in the face of this work, that there is a lack of guarantees and limits of control. That there really is a leap of faith taken by staff members and I wonder if any professional trained in mental health or a related field can do this work or if you have to be a certain type of person – and if that is so, what are the qualities you need? And what are the implications for how an organisation functions if people need to be “signed up” to something – how do you know if someone is signed up enough? Because the team are obviously having to really trust in each other. It seems like **the idea of “feeling unsplittable” or “less splittable” might be worth pursuing** with other professionals too.

I was interested in what she said about using supervision to identify your own assumptions and look out for judgments. Yet there is something in me that wonders whether an entirely non-judgmental stance is helpful or whether there are some negative implications of that? Perhaps I am being too simplistic about the stance that the service takes? I need to **explore what non-judgmental means further** with professionals. I have the concept of the depressive position in mind, but I am aware that this comes from my own work context and not necessarily from the interviews.

I’m now feeling confused about the idea of the bridge which had felt so promising – I am wondering if this idea has come only from professionals, and worried that I am at risk of losing the voice of young people or not creating a model or theory that draws on their input enough. **I need to check if there is anything in young people’s accounts that suggests this sense of bridging or building bridges.** There seems to be a difference emerging - that professionals (or some of them) are looking to a much more future-oriented change, to move young people into other services and looking to the end of their engagement with young people. Whereas young people seem to be thinking in the shorter term and not thinking about their involvement with MAC as necessarily taking them somewhere or ever ending. It is clear that some professionals see themselves as **the bridge to somewhere**, but it’s not clear to me that this is how young people see them. But something good is happening, so does this indicate that these differences don’t matter, or are reconciled in some way? Lucas talked about what goes on while on the bridge that is important. Perhaps they are both important and two aspects of one thing? But there does feel like there is a tension between encouraging and actively fostering an attachment through consistency, persistence and non-judgment with the intention of handing you over to someone else. **Perhaps the developmental trajectory assists in this, with young people eventually wanting to move on and be independent.** If this is the case, and they fade away rather than being bridged out to somewhere, would MAC still see this as successful?

Actions:

Ask about how the developmental trajectory interacts with exits

Ask about non-judgment – what it means as a position, and how it is managed as a stance. Are there limits to non-judgment?

Excerpt from REFLECTIVE DIARY: FOLLOWING INTERVIEW TEN
20.02.14

I felt more hopeful after this interview that some of the gaps are filling in – that new “ground” has been found, that my model might have just found a third dimension – “perspective”... Getting an overview – surveying one’s life. Seeing, being seen, seeing oneself being seen...

I feel I have a better sense of non-judgment and of the other side of the “bridge”. I feel this bridge can be quite “high” and therefore not necessarily efficient – that M&C know there is a quicker road that could be built directly between young people and services but there have been barriers that had to be overcome and taking time is obviously a really important element. I also have a warning in my mind for this model – “the map is not the landscape”. I suppose I don’t want to get too carried away with the idea of bridges, being too literal about it. I am also thinking of the community psychology analogy of fixing the bridge rather than teaching people to swim. In fact, it feels like M&C are trying to build a bridge (in whatever direction and to whatever destination young people prefer, sometimes having to quickly run ahead and prepare the ground for the other ‘end of the bridge’ with other services), make it stable (the relationship and learning how to stay in it), teach young people to swim (skills development, coping with living with inequality) and calm the water (addressing and changing inequalities) as well.

APPENDIX I: QUESTIONS TO CONSIDER WHETHER THE DATA IS RICH AND SUFFICIENT ENOUGH FOR THEORY DEVELOPMENT

(CHARMAZ, 2006, p. 18)

- Have I collected enough background data about persons, processes, and settings to have reading recall and to understand and portray the full range of contexts of the study?
- Have I gained detailed descriptions of a range of participants' views and actions?
- Do the data reveal what lies beneath the surface?
- Are the data sufficient to reveal changes over time?
- Have I gained multiple views of the participants' range of actions?
- Have I gathered data that enable me to develop analytic categories?
- What kinds of comparisons can I make between the data?
- How do these comparisons generate and inform my ideas?

APPENDIX J: SAMPLE OF CODING

TRANSCRIPT	LN	OPEN CODING	FOCUSED CODE
So how would you describe the relationships that you've got with people at M&C?	169		
YP4: Very strong.	170	Describing relationships with people at M&C as "very strong"	
R: And what happens in a relationship when it's strong?	171		
	172	<i>Compare to earlier comments re not wanting to talk to M&C at first</i>	
YP4: Well I can talk to them about anything. My problems, or any issue. I can phone them up and just tell them anything really. They are there to listen and they are there to help.	173		
	174	Strong relationship allowing me to talk about anything	
R: and when you say they are there to help, what are the things they do that are helpful?	175		
YP4: So if I say, "Zoe I'm homeless", she will like phone the council or something and like try to get me into a hostel or something. I can say, "Anton I'm really interested in this sort of work" and he will research it for me and see if there are any courses. Or if I just want to talk, I can say, "Erica, I just want to speak to you" and they'll speak with you.	176	Feeling I can phone them up and just tell them anything	
	177		
R: So they are really strong. Are there any ways you can describe them? I know it's a very open question – maybe how they are different to other	178	Knowing M&C is "there to listen and there to help"	
	179		
	180	<i>Compare to YP who did not know what to do when homeless</i>	
	181		
	182	Knowing that if I say I am homeless they will try to get me housing	
	183		
	184	Knowing that if I say I'm interested in this kind of work they will help me find courses	
	185		
	186	Knowing I can say "I just want to speak to you"	
	187	Understanding the range of help you can ask for	
	188		
	189	Knowing can just ask to talk rather than ask for practical help	

IMPLIED PROCESS
OF
LEARNING WHAT
M&C IS

SEEING
PROFESSIONAL AS
HELPFUL

KNOWING I HAVE
SOMEONE THERE
TO TALK TO

APPENDIX J: SAMPLE OF CODING

TRANSCRIPT	LN	OPEN CODING	FOCUSED CODE
relationships that you have got?	190		
YP4: Ummm. I don't know. Um. They are friends,	191		
cause we have like known them for ages like, they	192		
are <u>very good</u> friends for us, all of us. And um, that's	193	Feeling mac are <u>very good</u> friends "for all of us"	
a hard question.	194		
R: Yeah, so they are friends. But are they different	195	Seeing the collective benefit of mac to peer group	BEING A VIP
to your other friends?	196	Valuing knowing them for ages	
YP4: Yeah, they are like helping friends, like. They	197		
are there to <u>solely</u> help you. It's like and <u>they want</u>	198	Friends because we have known them for ages [built up something over time]	LINKING TO RESOURCES
to help you. It's not like they are doing it because	199	Seeing mac as "helping friends"	
it's their job, they <u>actually want to help you</u> .	200	Seeing mac is there to <u>solely</u> help you	
R: Yeah. And how can you tell they want to, that it's	201	Seeing mac actually want to help you, not just because it's their job	INDIVIDUALLY TAILORED OPPORTUNITIES
not just because it's their job? What lets you know?	202		
YP4: They put in work. Like, I was working with Jay	203	Seeing that mac work hard and understanding this means they actually want to help	
for um, I wanted to um, do um, a printing course,	204		
work in a printing factory. And like he got me an	205		
interview with a manager, got me a trial for a	206		
month and basically I was offered a job placement	207		
at that company. And like they do, they just do	208	Being flexible	
<u>everything</u> . They just help out. <u>More</u> than you	209		
would expect. Like the next day or the same day I'll	210	Feeling that mac do more than you would expect	
		Finding that mac have gone away and	

APPENDIX J: SAMPLE OF CODING

TRANSCRIPT	LN	OPEN CODING	FOCUSED CODE
phone and he'll say like, 'I found like three courses, and here's the number", they just do everything... R: So sometimes you might have problems with friends. And sometimes you might have problems with m&c. Is it different what you would do then? YP4: it's the same, but we may argue, like we have a debate, and the young people get heated, because we're stressed out. And we'll just have a casual debate, going back and forth, and they are explaining why they can't give it, and we're explaining why we want it and how silly you guys... R: so young people get heated. What about M&C people? YP4: they're calm. I don't know how they keep so calm. <u>The things some people say</u> , I don't know how they do it. R: Do you have any theories? YP4: <u>I don't know</u> . I think, it's their field of work, like mental health, and psychology and all of that stuff, [inaudible] innit. R: so they've got skills?	211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231	worked hard on something you have said Negotiating difficult moments in relationship the same way you do with friends Arguing or having a debate when you are having a difficult moment Getting heated because you are stressed out Understanding you get heated when you are stressed out Debating back and forth when there is a difference Noticing mac people stay calm Not knowing how mac stay so calm Process: Noticing people say challenging things to mac but they stay calm Thinking MAC's calm is related to professions in mental health and psychology Seeing mac have people skills	"HOLDING THE ROCKY BOAT" <i>MP1 says "how they do it" is through scripts and policies; MP2,10,11&12 say through emotional support of team; MP3 says through using team or co-worker's mind to think</i>

APPENDIX J: SAMPLE OF CODING

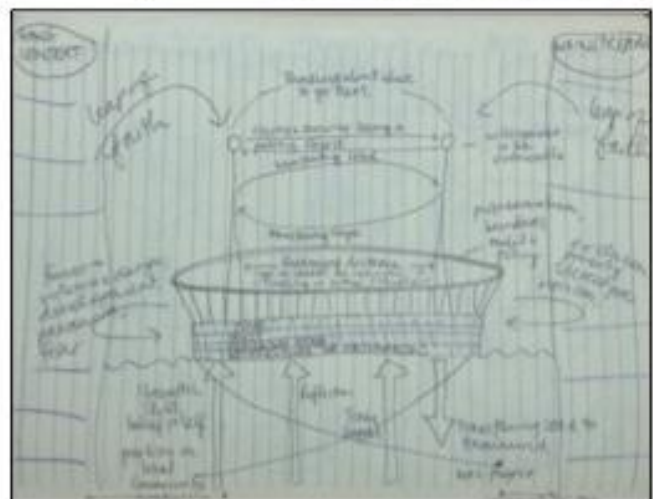
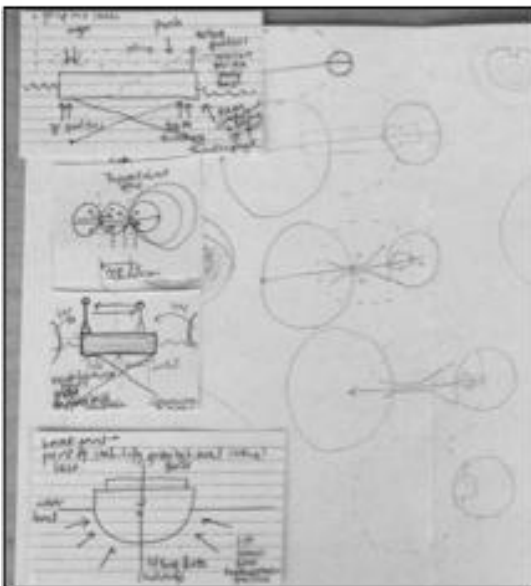
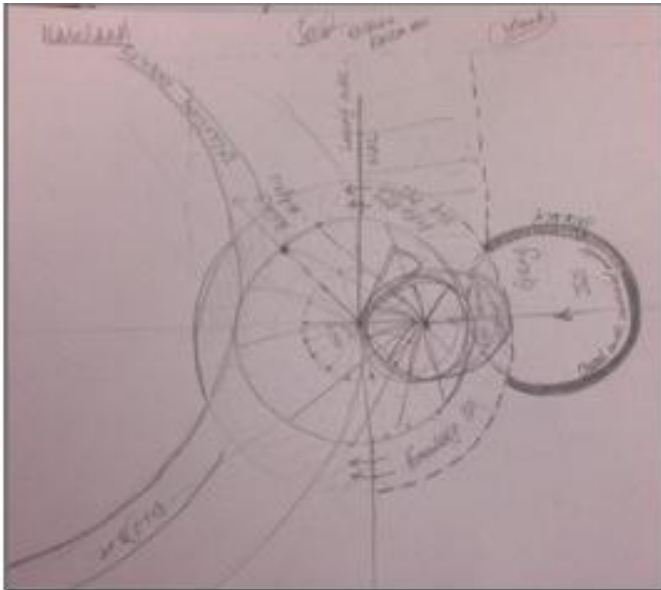
TRANSCRIPT	LN	OPEN CODING	FOCUSED CODE
YP4: Yep, people skills.	232		
R: So you mentioned mini-mac, have you had like an	233		
employed role in mini-MAC?	234		
YP4: I haven't had one, no.	235		
R: Right, okay. So it sounded like you did some talks	236		
at [REDACTED] council. Had you done something like	237		
that before?	238	Giving a professional presentation	
YP4: Yeah I went to [REDACTED] University. And gave a	239		
presentation.	240		
R: And who was that to?	241		
YP4: Um, I think graduates. Under-graduates. Who	242		
were studying to become clinical psychologists. So	243		
we gave them a presentation on mental health and	244		
young people who offend.	245	Being very experienced in giving presentations	
R: was that the first time you had done a	246		
presentation?	247		
YP4: No. I've done hundreds of them.	248	Feeling cautious speaking in front of people at first	
R: With MAC or other...	249		
YP4: With MAC.	250		
R: With MAC. So when you did the first one, what	251		
was the first one like?	252		
		Feeling apprehensive before giving talk	

**TRYING OUT
BEING
DIFFERENT**

APPENDIX J: SAMPLE OF CODING

TRANSCRIPT	LN	OPEN CODING	FOCUSED CODE
YP4: I don't remember when, but it was, I was a bit cautious like speaking in front of people.	253 254		
R: How did you feel when you were going in?	255		
YP4: Um, apprehensive. I didn't really want to do it. I wasn't forced to do anything. I didn't have to speak if I didn't want to. I could just sit there and look at the wall. If I wanted to. They didn't force me to do anything.	256 257 258 259 260	Not really wanting to do the talk Not being forced to do the talk Knowing I didn't have to speak if I didn't want to Not being forced to do anything Feeling ambivalent Taking a risk	THE 'ACCOMPANIED PUSH'
R: So did you know going in that you were going to speak?	261 262		CONSISTENT STANCE OF STAFF
YP4: No I was always told you don't have to say anything if you don't want to, just put in what you feel like, speak when you want to. At first I didn't, like the first couple of times I didn't, but over the years I've been to so many, I'm talking, I'm talking to everyone.	263 264 265 266	Being told the same thing consistently ["I was always told"] Being told to just put in what you feel like Gradually try ingout new experience	YP IN CONTROL
R: And how did it feel when you started to present?	267	Beginning: at first not speaking in presentations	LINKING INTO RESOURCES AND NETWORKS
YP4: It feels silly, because it's not hard. You are just speaking, you're just talking to people. It's weird, you have all these, all this anxiousness for no reason.	268 269 270 271 272 273	Process: But over the years I've been to so many, I'm talking to everyone <i>Outcome: Big change and compare to not wanting to talk to M&C staff at all at first</i> Becoming comfortable to train professionals Discovering it's not hard to speak in public Noticing anxiousness was for no reason	GAINING PROFESSIONAL SKILL

APPENDIX K: EXAMPLES OF DIAGRAMMING DURING ANALYSIS



APPENDIX L: INITIAL INTERVIEW SCHEDULES

As the interviews will be semi-structured the following provides a guide to the areas to be covered in the interview. The precise way in which interview unfolds will be influenced by the participant's responses.

Introductions and engagement

Re-iterate consent, confidentiality and that the participant may withdraw at any time. Agree approximate length of interview. Ice breaker questions e.g. how was your journey here?

Young People

1. When did you first get involved with M&C?
2. Have you taken on any roles at M&C, like being a research consultant or a youth motivator?
3. What has been helpful about your experiences at M&C? (If answer relates to relationships, proceed to question 5 and return to question 4 later).
4. What has been unhelpful about your experiences at M&C?
5. How would you describe the relationships you've developed at M&C?
6. How do your relationships with people at M&C (or a significant person at M&C) compare to the other relationships you've had in your life?
7. How has your relationship with people at M&C (or a significant person at M&C) changed over time?
8. What has been helpful about your relationships at M&C?
9. What do you think helps people to develop relationships at M&C?
10. How, if at all, have you changed since you became involved with M&C?
11. If you feel you have changed, do you think that change is related to your involvement with M&C?
12. Is there anything else you would like to share with me that you think is important about your experience at M&C?

Professionals

1. What profession did you train in and what has been your role at M&C?
2. What do you think is helpful to young people about M&C (If answer relates to relationships, proceed to question 4 and return to question 3 at end).
3. What do you think is unhelpful to young people about M&C?
4. How would you describe the relationships you've developed with young people at M&C?
5. How does this compare to relationships you've developed with service-users in other settings?
6. How would you describe the professional relationships you've developed at M&C?
7. How do these relationships compare to professional relationships you've developed at other services?
8. What factors do you think help people to develop relationships at M&C?
9. How, if at all, has your professional practice changed since you became involved with M&C?
10. If you feel it has changed, do you think that change is related to your involvement with M&C?
11. Is there anything else you would like to share with me that you think is important about your work at M&C?

Debriefing: How do you feel about the conversation we've just had? Is there anything that bothered you about the interview? Is there anything that you'd like me to leave out of the transcript? Do you have any questions? You can contact me if you have any questions and here are some contact details for support organisations if you feel you'd like to talk to someone later on.

Prompts: Please, tell me more. What do you mean? What was that like for you? How does that make you feel? How do you think about that? Can you give me an example?

APPENDIX M: AMENDED INTERVIEW SCHEDULES

Young People

Additional questions:

1. What would life be like if M&C didn't exist?
2. What does M&C give you that no one else does?
3. Do the places you see M&C people in have an impact?
4. How would you describe your contact with M&C over time?
5. Some people have said sometimes relationships at M&C can feel like a rocky boat. What do you think about that?

Professionals

Additional questions:

1. Are there limits to non-judgment?
2. What supports you to hold a non-judgmental stance?
3. Other professionals have talked about balancing dependence and independence in relationships with young people. What do you think of that? If you agree, what helps with that?
4. Is there an ideal exit from M&C?
5. Other professionals have talked about bridging young people to other professionals? How does that happen? Are there challenges? What helps it when it works well?
6. How does trust in the peer group compare to trust with professionals and the trust between professionals?
7. Young people say that they can get heated. What helps to manage those situations?
8. Can you tell me about when the team is at its best?

In addition, unprepared questions were asked, following the accounts of participants.

APPENDIX N: FIRST MEMO ON “TRUST” AND LATER MEMO ON “BEING DIFFERENT IN DIFFERENT SPACES”

Memo on Trust, following first interview

YP1: “everything with young people is about building trust with young people, that’s the first stage of building any relationship with anyone, you have to have that trust. If they don’t trust you, they’re not going to tell you, they are going to feed you a pack of lies, and that’s how it is.”

YP1 :“they’ve gone through a lot of hard times with a lot of young people that they’ve built trust already but yet there’s always conflict.”

Dimensions of trust: something built – implies work, development over time, can be broken – forever or repairable?, trust is requirement for – relationship, honesty. Necessary across all contexts of engaging with young people: “any work, with any sector with young people, whether you are working in a university, in a college, in a school, you are their doctor, their nurse, or even if you are some random person on the street”, part of value system?, doesn’t protect you from conflict.

Critical incident: “I told her something confidential, she went and told the rest of the members of the team, even though that’s her job to do that, I found it wrong. And I didn’t speak to her after that.” ... “once you break a small bit of trust it can take you years upon years to build that back so, with young people it’s so important that you don’t lie to them, you don’t feed them false dreams and you are always honest with them.”

Questions: *Is trust necessary before can have a relationship or is it something that develops through relationship? What is the relationship between trust and respect? What is the relationship between trust and conflict?*

'Being different in different spaces'

(professional, playful, vulnerable, helpful, teasing, competing, arguing, sharing, eating)

Quotes	Thoughts	Links
<p><i>"with young people it's all about strength and cockiness you know what I mean. But it's different in this kind of point of view, how you and me are, talking now" YP1</i></p> <p><i>"So that was good as well, like all through the time we was waiting to see the social worker, we was just talking, and like, you know when you have to talk and just let out some of it sometimes, yeah. So yeah, obviously yeah it was alright". YP2</i></p> <p><i>"When you come here, see this place is different to Kilburn. When you are in Kilburn, the site in Kilburn is in Kingsgate, that's obviously an estate so a lot of my friends live there. It's not exactly easy to get stuff done cause they're always coming in, going out. They come in, they're speaking to you. Like you can't get what you need to do accomplished...It's just easier to do your stuff, to put your head down and do your work here." YP5</i></p> <p><i>"say there is a young person that has known us for a long time and wants to come paintballing, they</i></p>	<p>Young people have talked about the different ways of being they have between the venue of the youth club, which is familiar and on the estate and the MAC office – which is more of a place to get your head down and work but without pressure – not like a school room and not a job centre. This has made me think about how important is it to have these two spaces and for professionals to also move around in the world. I'm not surprised to find that the kind of space that a project operates from is important, but what this indicates is that perhaps having multiple spaces, each of a different kind, is important, particularly for adolescents who might be moving back and forth between more child-like and more adult-like ways of being.</p> <p>I'm wondering about how being together in different spaces impacts on the kinds of relationships and relating that happens at the project. I have heard people talking about being on buses, in cabs, in cafés, at the estate, at the gym, at the MAC office, at home, at universities, in police stations and court rooms, in cinemas, paintballing... It feels like this facilitates the switching between roles and levels of power that operates at MAC – with young people and professional rotating between being helped and helper, being expert and novice, being in and out of your comfort zone. I think it also helps to keep the balance between lightness and heaviness.</p> <p>It also means that professionals get different kinds of information about the young people than you would normally get in a clinical setting where you meet once a week and the service-user reports on their life, and you work from their reports. At MAC, professionals see services users in different settings and doing different activities, see them with their peer group, see them in their community, see them playing and see them under pressure, possibly see the in court or in crisis. At the same time, the young people see professionals in different settings as well, and see them coping with different challenges, as well as playing and interacting with their colleagues.</p> <p>This addresses the barrier of unknowing, which is what needs to be overcome to develop trust. Implicitly, by not being afraid to appear inexperienced, the professionals might be communicating to young people that they trust them, they don't need to</p>	<ul style="list-style-type: none"> • Overcoming barriers • Building trust • Flexibility • Identity – changing how young people see themselves? Having a broader identity? • Professionalisation – getting empowered? • Knowing in relationships? • Sharing power • Switching roles

<p><i>might be used to seeing us in an office environment where there is a particular power dynamic or a dynamic that sort of can't be helped in the sense that naturally we perhaps staff members feel more comfortable in an office environment than a young person does, because we are used to it, we are here every day. The young person might see this as quite an alien environment. We are sort of able to meet people on a level playing field, everyone feels pretty uncomfortable going paintballing"</i></p> <p>MP1</p>	<p>be in control and that they are not anxious to be with them, because the trust needs to go both ways.</p> <p>And from trust comes honesty and relationship. It also models flexibility – suggesting that one person can be many things and opening up opportunities for practicing different ways of being. It might also loosen the dynamics of the way young people relate and potentially moves the gang identity away from being about illegal activity and being about many more things – music, drama, sport, trips.</p> <p>Bonding seems to happen in these moments as well at a group level which adds to the security of the project as a base, and openings for future contact.</p> <p>I've experienced examples of this myself when I'm at the project, moving between positions quite dynamically. In my first interview I was really struck by the young person asking me to answer the questions I was asking him as well; it felt very much like he was engaging in our conversation as colleagues and peers, which made managing the data collection challenging but which I also really enjoyed. On the way to another interview with a young person, I was walking along the high street with a MAC professional and we bumped into young people that she knew. They had a new puppy and we chatted and patted the dog. Arriving for another interview, I found the young person eating lunch together with other young people and professionals; they invited me to join them which I did before then going into interview mode. During another interview with a MAC professional, a young person (who I had interviewed) burst into the room apologising for interrupting but wanting to share with us that he had just completed his first ever job application and it was a "proud moment" for him. He wanted us to read his paragraph about having a criminal record and his reflections on changing his life around. The interview-stance quickly shifted into something that felt more therapeutic as we both congratulated him and reflected on what he had written. Then he was off again and we returned to interview mode.</p>	
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APPENDIX O: COMPONENTS OF GROUNDED THEORY MODEL

Table 1. *Categories, sub-categories and focused codes of “Opening Up: The processes of positive change at M&C”*

Category	Sub-category	Focused codes
1. “Opening Up”	(i) The possibility of a future opening up	Being “more open about looking into different things” “Being more positive” “Looking to the future” Not seeing my future in jail Maintaining the positive changes I’ve made Feeling more mature
	(ii) Moving into contexts with more resources and options for action and interaction	Someone “giving us a chance” Supporting me to access housing when I was homeless Having years of my life saved from prison Having “relationships that lead on to other things” Accessing courses, resources, employment and opportunities Gaining professional and “people skills” Getting a helpful push; testing myself; overcoming barriers Taking a leap of faith in others
	(iii) Breaking out of a negative cycle	Having somewhere to go that is drama-free Treating the youngsters differently to the way I was treated Getting out of the offending cycle Feeling less angry Feeling more in control and having strategies to manage emotions Having better relationships with the police
	(iv) Opening up to trusting a professional	Asking for help Having someone on my side Sharing how I am feeling Knowing I have someone there to talk to Someone seeing the potential in me Sharing my successes with someone else
	(v) Opening up how I see myself and others see me	Seeing I could use some help Being seen as someone “doing good now” Having more insight into my life Taking a new role in the peer group Seeing other people aren’t always against me

Category	Sub-category	Focused codes
2. “Road life”	(i) Feeling hopeless about the future	Living in danger and fear Experiencing loss and trauma Feeling stuck in cycle of crime and custody “Being in the pockets of elders” Having nothing to do Not having supportive figures around
	(ii) Having negative ideas about professional help	Culture of paranoia and secrecy in the gang Believing professionals are linked to police “Having negative experiences of professionals” Looking out for each other in the gang Seeing self as not needing help or beyond help
	(iii) Being estranged from the mainstream	Not being seen Estranging factors: being categorised, stereotyped and judged Not knowing what help is out there Being socially isolated Being rejected because of criminal record
3. “Testing the waters”	(i) overcoming barriers to engagement	Beginning feeling ambivalent about getting involved Being visible, accessible and different to other professionals (MP)/ Noticing and appreciating professionals are different, visible and accessible (YP) Being in control of being in contact (YP)/ Waiting and not pushing (MP) Young people deciding and organising activities Being supported by the team to maintain consistent stance
	(ii) sensing, sense-making and adjusting behaviour	Trying to make sense of each other (YP/MP) Formulating fragments (MP) Adapting behavior in response to young person’s reaction (MP)/in response to feeling more comfortable (YP) Incidentally talking while doing stuff together
	(iii) beginning to ‘see’ each other	Seeing professional as potentially helpful Showing more of myself (YP)/ seeing more of the young person (MP) Seeing professionals as individuals (YP) Learning what M&C is and does

Category	Sub-category	Focused codes
Interaction with Category ‘Taking the time it takes’		
	<i>Time as a necessary pre-condition for “Testing the waters”</i>	Always being/feeling welcome (YP) Having permission from organisation to take time (MP)
Interaction with Category ‘Trust as a Resource for Change’		
	<i>Buffering the transition with trusted relationships</i>	Trusting others’ trust Inconspicuous entrance as part of collective
	<i>Building trust contributing to “overcoming barriers to engagement”</i>	Instant trust in ex-gang member as professional Building trust over time (interaction with Time) Building strong trust in a crisis Being transparent about limits of confidentiality Protecting confidentiality of young people with their peers (MP)
4. ‘The transitional space’	(i) Being attracted to a positive, dynamic space	Having somewhere safe, comfortable and accessible to go Feeling a sense of ownership and belonging Being a VIP in the space ‘Oh, and we do mental health’ Evolving and re-co-creating
	(ii) An oasis of opportunities, resources and experiences	Creating openings and links to resources in the mainstream Individually-tailored opportunities Seeing your ideas become reality Breaking negative cycles with positive activity Trying out being different
Interaction with Category ‘Taking the Time it Takes’		
	<i>Time intensive interventions important to break negative cycles</i>	Filling up my time with positive activities Being engaged with activities so that I’m engaged with M&C when/if I need mental health support
Interaction with Category ‘Trust as a Resource for Change’		
	<i>Trusting M&C professionals to facilitate interactions with outside professionals</i>	Going together to lecture to other professionals
	<i>M&C professionals developing trust with outside professionals, to work together with young people</i>	M&C professionals approaching outside professionals to work together M&C professionals overcoming “the MAC brand” as a barrier by asking for help

Category	Sub-category	Focused codes
5. The Triangular Secure Base	(i) opening up in relationship	Asking for help Knowing I have someone there to talk to Sharing how I am feeling Being seen appreciatively Observing professionals trusting each other
	(ii) Reflecting and opening up understandings	Thinking together about my life Thinking about others' perspectives Talking about impact of society
	(iii) Using the relationship to keep the transitional space temporary	Balancing dependence and independence Identifying preferred directions, goals and barriers The 'accompanied push' Working as a team: YP steering; MP stabilising
	(iv) Holding the rocky boat	Transferring and processing the load between professionals Using the triangle to communicate indirectly Holding on to policy and scripts
Interaction with Category 'Trust as a Resource for Change'		
	<i>Buffering the transition with trusted relationships (M&C professionals)</i>	Being accompanied to meet with other services Sharing 'formulation' of young person with other professionals (with YP consent)
	<i>Trying out relationships with other professionals through trust in M&C</i>	Understanding more about how professionals work

APPENDIX P: EXTRACTS FROM ANALYTIC MEMOS SHOWING USE OF ANALYTIC TECHNIQUES

1. Theoretical comparisons: Can you jump up without pushing down?

People have been talking a lot about “taking leaps of faith” and “falling into scripts”. The difference between a leap of faith and simply falling, is that you are going in a particular direction, you leap towards something. And “that towards something” I suppose is the relationship?

I’m thinking of Starr’s chapter in Bryant and Charmaz (2007) where she codes herself in comparison to a bobcat, and Corbin & Strauss’s (2008) advice to make strange theoretical comparisons to encourage analytical thinking.

So I’m thinking about these leaps of faith and jumping in general, and when my two year old niece was trying to learn to jump. You could see in her face she was trying but she wasn’t moving at all. When I thought about it I realised you have to push down to jump up; when I told her to push against the floor she was able to do it. I wonder if there is something analogous going on at M&C? So what would it be that young people push against to leap off? For professionals I think it is the model and the relationships with the team, the unconditional positive regard of colleagues and the commitment to thinking together.

For young people, I’m wondering if it is the non-pushy offers of help, witnessing their peers being helped, witnessing mac professionals who were once young people, possibly feeling more confident in themselves. All of these things give them the confidence to take a leap of faith and try out a relationship with M&C, or to take a leap of faith and take a risk to try something different. Most of those things probably relate to trust. I’m not sure that increased confidence does, although it could be trust in oneself?

And professionals talk about preparing the “ground” for other services – giving professionals in those services something to “push off” from when they meet young people? Is this “ground” a formulation? A shared understanding? Or is it the beginnings of a working relationship with the young person?

2. *Waving the red flag on “the non-judgmental stance”*

Corbin and Strauss (2008, p. 80) argue that when you hear the word always or never you should wave a red flag and go delving deeper...

I felt this way about the idea that professionals maintain a non-judgmental stance all the time, which a number of professionals had mentioned. I wondered how this can be when some of the behaviours of young people must be very challenging – around sexism, homophobia, some of their criminal activity... I pursued this in interviews 9 and 10 and found out more about how professionals manage it, which uncovered the professionals using mentalization to inform their role as a cultural broker, using themselves as modeling different ways of being, using policy creation to demonstrate why some boundaries are necessary, using supervision to identify their own judgments, and being able to discuss more challenging areas that might include a degree of judgment once relationships become more robust (some intersection then with potential categories of time and relationship?).

3. *Various meanings of a word – looking into bridges*

A few words have really grabbed my attention and I’ve been thinking about them more. Bridging is a word that just keeps coming up with professionals, and I’ve been thinking about bridges and the properties of bridges, looking at their properties in engineering terms.

Engineering definitions relating to bridges:

- Stable - (adj.) ability to resist collapse and deformation; stability (n.) characteristic of a structure that is able to carry a realistic load without collapsing or deforming significantly
- Truss - a rigid frame composed of short, straight pieces joined to form a series of triangles or other stable shapes
- Tension - a stretching force that pulls on a material
- Brace - (n.) a structural support; (v.) to strengthen and stiffen a structure to resist loads
- Brittle - characteristic of a material that fails without warning; brittle materials do not stretch or shorten before failing

If I think of the relationship being built with MAC as a bridge, that links young people into other services or a different kind of future, what are the forces acting on that bridge? Certainly a turbulent context; developmental factors potentially; the power of the group to spread negative messages about professionals; disappointment if risks taken aren't successful and other emotions: Fear, anger, frustration, hope, joy, happiness?

What might then be the trusses – the stable shapes holding the bridge up? Maybe trust, respect, the model, the team, peers' experiences, the community reputation of the project... It's interesting that triangles are considered such a stable shape, given the lead worker relationship at MAC is triangular. I wonder then if the triangular attachment is the "truss" that allows the bridge out to other services to be built. And for the truss to be stable it needs to balance the forces of dependency versus independence. This might be tension and compression – not getting too attached and being able to maintain a connection in difficult moments.

Although the lead workers hold the relationship with the young person, the whole team works to support that relationship. I'm thinking of the idea of the team as

some kind of dampener of the forces acting on the bridge. The work is very stressful and difficult and the team seem to mirror their commitment to helping each other achieve goals in the same way they work to help young people achieve their goals. MP1 commented that: *“ it can help us to maybe understand each other if we know a little bit about each other’s lives and a little bit about what’s going on in it, how it can help you to work together. I think it makes you work harder for each other as well.”*

I think there is a sense that the team holds a commitment to holding up each lead worker/young person relationship. This protects against “brittleness” – the professional suddenly not being able to hold the relationship without any warning, because they use the team to slow things down and to think, so there will always be a ‘thoughtful warning’ if a contact can’t continue. I’m thinking of MP3’s description of when things feel “fraught” (a word that comes from FREIGHT and links to the idea of BEARING A LOAD as well):

MP3: it’s a consistent message that if um if they’re being kind of verbally abusive or threatening that there is an expectation that that is not okay and that we are not really in a position where we are able to engage in a conversation that would be helpful for them. There is something about, um, trying to really slow things down and think about what might be really going on rather than taking what they are saying at face value. A real thoughtfulness. It doesn’t always work, but I think when we are working better that is what is happening. Mentalizing their position.

R: and is that something you are doing explicitly with them or is that something that is going on internally, in your head.

MP3: ah. Both, both. Ah, I think it’s very helpful working very closely within a team, with different people, being able to draw on them at times when things are really difficult.